

DEC 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41601
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper
(b) Township Joplin
(c) City Joplin (d) Street No. 404 N. Gray St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 404 N. Gray St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1937, to Nov. 21, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 37

I last saw him alive on Nov. 20 1937. Death is said to have occurred on the date stated above, at 7 P.M.

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

Premature (7 months) Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

Other contributory causes of importance:
15A
Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo

13. NAME Roy C. White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo

15. MAIDEN NAME Opal C. Carillo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo

17. INFORMANT (ADDRESS) Roy C. White 404 N. Gray

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 11 27 37

19. FUNERAL DIRECTOR (ADDRESS) W. B. Chapman Joplin Mo

20. FILED 11 22 37 Ed. James Local Registrar

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Nature of injury
24. Was disease or injury in any way related to occupation of deceased? specify (Signed) W. B. Chapman, M. D. (Address) Joplin, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Chapman

STATEMENT BY LICENSED EMBALMER

I, Perry K. Schubert, Licensed Embalmer No. 95-9

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Perry K. Schubert

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Perry K. Schubert

Licensed Embalmer No. 95-9

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)