

REC'D MAY 20 1938

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

14921

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Joplin Primary Registration District No. 2007 Registered No. _____
 (c) City Joplin (d) Street No. St. Johns Hospital St.
 (e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Raymond Darrell Story

(a) Residence, No. 719 W 13th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at hospital
 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 _____

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

FATHER 13. NAME Raymond Story

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

MOTHER 15. MAIDEN NAME Juanita Ellis

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

17. INFORMANT (ADDRESS) Father

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cem DATE April 5, 1938

19. FUNERAL DIRECTOR (ADDRESS) Lanpher Mortuary
Joplin Mo.

20. FILED 4-4-38 Ed A. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-3-38, 1938, to 4-3-38, 1938.

I last saw him alive on, 1938. Death is said

to have occurred on the date stated above, at 12:58.

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

Still born
was full term

Other contributory causes of importance:
Syphilis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

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? _____

If so, specify _____

(Signed) W. H. Lovelace, M. D.

(Address) Joplin Mo.

STATEMENT BY LICENSED EMBALMER

I, Allen E Lanpher, Licensed Embalmer No. 3574

hereby certify that the body recorded on the reverse side of this certificate was prepared by Prepared F M Jones

L. E.
No. 2319 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Allen E Lanpher
Licensed Embalmer No. 3574

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