

DEC 20 1938

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

22159
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Jasper Primary Registration District No. 5569
(c) City Joplin (d) Street No. Oakland - R. 1 - Webb City
(If death occurred in Hospital or Institution, write name instead of street and number)
(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. Oakland - R. 1 - Webb City
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marriett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 4 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Driller
9. Industry of business in which work was done, as saw mill, bank, etc. Contractor
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) Papa Ky

FATHER 13. NAME John Thomas Shouse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Mary M. Keefe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mrs Marriett Shouse

18. BURIAL, CREMATION, OR REMOVAL PLACE Webb City Mo

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Neubert

20. FILED 6-8-38 Ed Jensen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 - 1938
22. I HEREBY CERTIFY That I attended deceased from June 7, 1938 to June 7, 1938
I last saw him alive on June 7, 1938. Death is said to have occurred on the date stated above, at 12:00 PM
The principal cause of death and related causes of importance were as follows:

ariculo-fibrillation
myocardosis
Other contributory causes of importance: 9291

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____
(Signed) Leavel R Copeland D.O.
(Address) Joplin, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No. *90-9*

P. O. Address *J. P. Lee*

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

If this body is not embalmed, above space should be left blank.