

REC'D JUL 20 1938

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

22160  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
 (b) Township Jasper Primary Registration District No. 5369  
 (c) City Joplin (d) Street No. 3rd St Registered No. R.1  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (If death occurred in hospital or institution, write its name instead of street and number) (If of foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME

(a) Residence, No. 111 Main 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

3. SEX Male  
 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 Married Harold Talley  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1918  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 19 11 25  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
 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.  
 13. NAME Wm Freeman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
 15. MAIDEN NAME Mary Leppring  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans.  
 17. INFORMANT (ADDRESS) Harold Talley Joplin Mo.  
 18. BURIAL, CREATION, OR REMOVAL PLACE Forest Park DATE 6-13-38  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hubert T. ... Joplin Mo.  
 20. FILED 6-19-38 Ed D James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 6-2-38, 1938, to 6-10-38, 1938  
 Last saw her alive on 6-10-38, 1938. Death is said to have occurred on the date stated above, at 8:30 PM  
 The principal cause of death and related causes of importance were as follows:  
Chronic nephritis  
 Date of onset 121  
 Other contributory causes of importance:  
 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 \_\_\_\_\_, 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) Hubert T. Freeman M.D.  
 (Address) Joplin Hospital  
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 Steve Parker

Licensed Embalmer No. 26148

P. O. Address Joplin Mo

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

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