

REC'D AUG 11 1938

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

25597
Do not use this space.

1. PLACE OF DEATH

(a) County Wesper Registration District No. 411
(b) Township _____ Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. Freeman Hospital St. _____
(If death occurred in Hospital or Institution, write its 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. 214 N. Oak 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 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) Sept 30 - 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 9 6

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

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

FATHER 13. NAME West Ross

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

MOTHER 15. MAIDEN NAME Jewell Haman

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

17. INFORMANT (ADDRESS) Family 214 N. Oak

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenview DATE 7-8-38

19. FUNERAL DIRECTOR (NAME AND ADDRESS) Ed Jones

20. FILED 2-9-38 Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1938

22. I HEREBY CERTIFY That I attended deceased from July 4 - 1938 to July 6 - 1938
I last saw _____ alive on July 6 - 1938. Death is said to have occurred on the date stated above, at 130 A.M.
The principal cause of death and related causes of importance were as follows: Hydrocephalus

Date of onset 21

Other contributory causes of importance: Written by doc. suffering of patient

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: accident Date of injury May 1938
Where did injury occur? Joplin Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home - 214 N. Oak - Joplin Mo.
Manner of injury: fallen by solid clay
Nature of injury: Hydrocephalus

24. Was disease or injury in any way related to occupation of deceased? no, specify _____
(Signed) A. J. Winchester 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.



1-7-48

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. 2548

P. O. Address Goflin, Mo

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.)

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