

REC'D AUG 11 1938

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

Wm McKinney
25603
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township 1 Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. 2315 Jackson St.
(e) Length of residence in city or town where death occurred 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2315 Jackson St. (If nonresident, give city or town and State)
Fred Hamm, Sr. 5111
(Usual place of abode; if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 3-16 1938 to July 1 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7, 1859

I last saw him alive on July 7, 1938 Death is said to have occurred on the date stated above, at 2 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 4

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plumber
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

Generalized arteriosclerosis
Arteriosclerotic Heart Disease
Aneurysm of fibulation
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Strassberg
Germany

Other contributory causes of importance: 95%

13. NAME Werkowu

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? no

15. MAIDEN NAME Werkowu

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

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

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

17. INFORMANT (ADDRESS) Son - Chas. Hamm
Joplin Mo.

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark mem. H. DATE July 13, 1938

Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Langley Mortuary
Joplin Mo.

Manner of injury _____

20. FILED 7-12-38 Ed. James Local Registrar

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Wm McKinney, M. D.

(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, F. M.

Jones, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo.

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

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