

REC'D AUG 11 1938

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

Dr. T. L. O. S. Day
25611
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Joplin Primary Registration District No. 2003 Registered No. _____
(c) City Joplin (d) Street No. St. John's 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 13 yrs. 4 mos. 25 ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME JACK ROBERT MAEDER

(a) Residence, No. 1721 Wall - 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) Feb. 23, 1925
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
13 4 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. In school
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 Missouri

FATHER 13. NAME Perry Maeder

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

MOTHER 15. MAIDEN NAME Marie Morrow

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

17. INFORMANT Perry Maeder
(ADDRESS) Joplin, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark Memorial DATE July 19, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lanpher Watkins
Joplin, Mo.

20. FILED 7-18-38 Ed Jones
Joplin, Mo.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1938, to July 18, 1938
I last saw him alive on July 18, 1938. Death is said to have occurred on the date stated above, at 12:05 A.M.
The principal cause of death and related causes of importance were as follows:

Abcess left Shoulder
(Probably from meat bite)
Date of onset 7/8/38
Other contributory causes of importance: 176
General arteriosclerosis
(Atherosclerosis) 17

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? _____
If so, specify _____
(Signed) [Signature] 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.

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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, Allen

E. Langher

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Allen E. Langher

Licensed Embalmer No. 3574

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.