

DEC 14 1938

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

39459
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Jasper Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. St. John 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. _____ St. Jasper, Mo.
 (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 Loggie Hughes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 1889
 7. AGE YEARS 49 MONTHS 9 DAYS 16 If LESS than 1 day _____ hrs. _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Loggier
 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) Lawrence, Mo.

13. NAME Joseph Hughes

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

15. MAIDEN NAME Loggie Ward

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

17. INFORMANT (ADDRESS) Walter Hughes

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 11/28 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Anderson & Co

20. FILED 11-28-38 Ed Stone Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1938, to Nov 26 1938

I last saw him alive on: Nov 25 1938 Death is said to have occurred on the date stated above, at 2:55 p.m.

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

Uremia
Chronic Myocarditis

Other contributory causes of importance:

Chronic Myocarditis

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 _____, 1938

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) G. W. Quitt M. D.

(Address) Joplin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 6 1950

RECEIVED

District Health Officer No. 6,
District File Number 6-38-732
Date Filed DEC 8 1938

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,

Jay T. Anderson

....., or by

Registered Apprentice No. 2942, working under my personal supervision.

Signed *Jay T. Anderson*

Licensed Embalmer No. 2942

P. O. Address Joplin, 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.