JAN 23 1938

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

43402
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper 2 — Registration District No. 411

(b) Township — Primary Registration District No. 2002 — Registered No.

(c) City Joplin 1 — (d) Street No. 626 Wall 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 Louis T. Medley

(a) Residence, No. 626 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harriet Medley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-16-1859

7. AGE: YEARS 79 — MONTHS 45 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Watch
9. Industry or business in which work was done, as saw mill, bank, etc.: Maker
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): Beardstown Ill. 1

FATHER
13. NAME: Lewis Medley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill. 1

MOTHER
15. MAIDEN NAME: — McDonald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill. 1

17. INFORMANT (ADDRESS): Mrs Harriet Medley Joplin, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Carterville Cem DATE: Dec 17th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Webb City Und Co Webb City, Mo.

20. FILED 12-16 1938 Ed D Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1937, to Dec 15, 1938
I last saw h— alive on Dec 15, 1938. Death is said to have occurred on the date stated above, at 3:25 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Mitral Stenosis Regurgitation	131

Other contributory causes of importance: Chronic Nephritis

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) Jay E Powers, M. D.
(Address) 708 Fisk Bldg Joplin

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(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X14028

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, Myself.

....., or by .....,

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Weff City, 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.