

F-26 1939

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

Loveland
2673
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Joplin Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. 224 S. Cox 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 61 yrs. 6 mos. 15 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Herbert O. Wale
(a) Residence, No. 224 S. Cox St. (If nonresident, give city or town and State)

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 Delpha Wale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-11-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ex. Service man
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) Keatsville Missouri

FATHER 13. NAME Clint Wale

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Delpha Wale (ADDRESS) Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Abene Mem. Cem. DATE 1-30-39

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

20. FILED 1-28-39 Herbert O. Wale Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26 1939

22. HEREBY CERTIFY That I attended deceased from Jan 18, 1939 to Jan 26, 1939
I last saw him alive on Jan 26, 1939. Death is said to have occurred on the date stated above at 10:35 P.M.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
Influenza
Other contributory causes of importance: 11/10

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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? No
If so, specify W. Loveland M. D.
(Signed) W. Loveland M. D.
Joplin Mo. 372 (Address)

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 11 1957

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 comply with the above constitutes grounds for revocation of license.)

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