

JAN 17 1939

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

2675
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. 2410
 (c) City Cannon (d) Street No. Cannon 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. 2410 Cannon St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1-39

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Osie Holmes

22. I HEREBY CERTIFY, That I attended deceased from May 1 1938 to Jan 1 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 - 1888
 7. AGE YEARS 50 MONTHS 2 DAYS 3 If LESS than 1 day, hrs. or min.

I last saw him live on Jan 1 1939 Death is said to have occurred on the date stated above, at 5:30 p.m.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Brooklyn
 9. Industry or business in which work was done, as saw mill, bank, etc. 9
 10. Date deceased last worked at this occupation (month and year) Mar 1938 spent in this occupation

The principal cause of death and related causes of importance were as follows:
Pulmonary D. B.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eureka Spgs

Other contributory causes of importance: 23

FATHER 13. NAME no record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

MOTHER 15. MAIDEN NAME no record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT (ADDRESS) Osie Holmes

18. BURIAL, CREMATION, OR REMOVAL Osborne Cem DATE 1-3-39

19. FUNERAL DIRECTOR (ADDRESS) W. D. Jones

20. FILED 1-3-39 W. D. Jones Local Registrar.

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 work would have

(Signed) W. D. Jones, M. D.

(Address) Jasper 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.

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FEB 14 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,

....., or by

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

Signed.....
Henry H. [Signature]

Licensed Embalmer No. 959

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.