

REC'D JUL 17 1939

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

22356
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Cahena Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. Freeman 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 CHARLES HALE

(a) Residence, No. 114 1/2 MAIN ST. 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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 72
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blind Broom
9. Industry or business in which work was done, as saw mill, bank, etc. WORKER
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) Unknown 9

FATHER 13. NAME Unknown 9

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Freeman Hospital Records (ADDRESS) Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem DATE 6-5-39 19

19. FUNERAL DIRECTOR (NAME) HURNBUT Unders (ADDRESS) 212 Joplin St, Joplin Mo

20. FILED 6-3-39 Ed James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2-39 19
22. I HEREBY CERTIFY That I attended deceased from May 26, 1939, to June 2, 1939
I last saw him alive on June 2, 1939. Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

Antonio Salvarini
Myocarditis, chr.

Other contributory causes of importance:
Pellagra

Name of operation Totals Date of _____
What test confirmed diagnosis total 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 _____ (Signed) W. A. Woodland M. D.
Joplin Mo (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.

49
7
5

OCCUPATION

FATHER

MOTHER

RECEIVED

District Health Officer No. 6,

District File Number 739-1414

Date Filed JUL 10 1939

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 *James K. Burkhead*

Licensed Embalmer No. 959

P. O. Address *Greenwood*

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.