

REC'D OCT 1 1939

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

32669  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 4<sup>th</sup>  
(b) Township Joplin Primary Registration District No. 2007  
(c) City Joplin (d) Street No. St. John's Hospital Registered No. \_\_\_\_\_  
(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. 316 E 5<sup>th</sup> ST (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1892

22. I HEREBY CERTIFY, That I attended deceased from 9-4, 1939 to 9-4, 1939

7. AGE YEARS 47 MONTHS 1 DAYS 8 If less than 1 day, hrs. min.

last saw her alive on 9-4 Death is said to have occurred on the date stated above, at 8:20 PM  
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. Plumber  
9. Industry or business in which work was done, as saw mill, bank, etc. Reedy Cleaners  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: Overexertion  
870

12. BIRTHPLACE (CITY OR TOWN) Joplin (STATE OR COUNTRY) MISSOURI

13. NAME UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT MR. H. S. Reedy (ADDRESS) 316 E 5<sup>th</sup> ST

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. CALVARY S.P.M. DATE 9-10-39

19. FUNERAL DIRECTOR (NAME) John H. ... (ADDRESS) Joplin

20. FILED 9-8-39 Local Registrar

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 \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) [Signature] M. D.  
(Address) Joplin

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.

RECEIVED

District Health Officer No. 6,

District File Number 1039-2033

Date Filed OCT 11 1939

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**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 K. Zurek*

Licensed Embalmer No.

*95-9*

P. O. Address

*John W. W.*

**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.**