

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36341

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 minutes
(Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 418 E. Meyer Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1939 hour 8:40 minute A. M.

21. I hereby certify that I attended the deceased from not at all
to October 28, 1939
that I last saw dead alive on October 28, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Duration _____

Due to Embolism of heart
Due to _____

Other conditions known of none
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Investigation

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: None

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury Car

23. Signature A. H. Winchester (M. D. or other) _____
Address Joplin, Mo. Date signed 10-28-39

3. (a) PRINT FULL NAME Edgar Foster Staffelbach

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Pearl Staffelbach 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Oct. 14, 1889
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace Wellington Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Fisk Rubber Company

12. Name Wm. H. Staffelbach

18. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Emma Williams

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. C. Coffman

(b) Address Wellington Kan.

17. (a) Removal (b) Date thereof Oct. 29, '39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellington Kansas

18. (a) Signature of funeral director J. H. Reynolds

(b) Address Joplin, Missouri

19. (a) 10-30-39 (b) W. J. Jones
(Date received local registrar) (Registrar's signature)

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 1139-2301

Date Filed NOV 9 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

F. M. Jones

Licensed Embalmer No.

2319

P. O. Address

Jopkin 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.