

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **JASPER**
 (b) City or town **JOPLIN MO:**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **NO**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **NO**
 In this community **50 YRS:** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO: 1** (b) County **JASPER**
 (c) City or town **JOPLIN MO:**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **IRON GATES:**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? **NO** years.

3. (a) PRINT FULL NAME **JOSEPH WILLIAM CALL 407**

8. (b) If veteran, name war **NO** 8. (c) Social Security No. **NO**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **PHENIA** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **AUG. 14, 1869.**
 (Month) (Day) (Year)

8. AGE: Years **70** Months **3** Days **25** If less than one day hr. min.

9. Birthplace **MOUNT VERNON MO:**
 (City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED BLACKSMITH**

11. Industry or business _____

12. Name **WILLIAM CALL**

13. Birthplace **TENN:**
 (City, town, or county) (State or foreign country)

14. Maiden name **MARY RYAN.**
 (City, town, or county) (State or foreign country)

15. Birthplace **TENN:**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Raymond V. Call**

(b) Address **IRON GATES, JOPLIN MO:**

17. (a) **Burial** (b) Date thereof **DEC. 11, 1939.**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FAIRVIEW CEM:**

18. (a) Signature of funeral director **HURLBUT UND. CO:**

(b) Address **JOPLIN MO:**

19. (a) **12-11-39** (b) **[Signature]**
 (Date received local registry) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC. 19** Day **1939** 11-45 AM
 year hour minute M.

21. I hereby certify that I attended the deceased from **Nov 12**, 19**39**, to **Dec 9**, 19**39**
 that I last saw him alive on **Dec 9**, 19**39**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage of Brain**
hypertension

Due to _____

Due to _____

Other conditions (Include pregnancy within 9 months of death) _____

Major findings: Of operations _____
 Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **NO**
 (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 _____

23. Signature **[Signature]** (M. D. or other) _____
 Address **Joplin, Mo** Date signed _____

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 140-155

Date Filed JAN 1 0 1940

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 Steve D. Parker

Licensed Embalmer No. 2548

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.