

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2664

FILED FEB 10 1940
Registration District No. 2002

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 112 hrs
 (Specify whether
 In this community 25 years
 years, months or days)

3. (a) PRINT
FULL NAMERustav Habermehl8. (b) If veteran,
name war8. (c) Social Security
No.

4. Sex

M5. Color or
raceW6. (a) Single, widowed, married,
divorcedMarried

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
aliveHelenayears

7. Birth date of deceased

Feb 17 - 1868

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

71109

hr. min.

9. Birthplace

Germany
(City, town, or county) (State or foreign country)

10. Usual occupation

Book Keeper

11. Industry or business

12. Name

George Habermehl

13. Birthplace

Germany
(City, town, or county) (State or foreign country)

14. Maiden name

(City, town, or county) (State or foreign country)

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Rustav Habermehl

(b) Address

Joplin, Mo17. (a) Burial
(Burial, cremation, or removal)(b) Date thereof Jan 29 1940
(Month) (Day) (Year)

(c) Place: burial or cremation

Woods' Mausoleum

18. (a) Signature of funeral director

Thaddeus Dellen

(b) Address

305 W 4th St19. (a) 1-20-40 (b) Ed Danner

(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1408 Jackson
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. about 65 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
 year 1940 hour 8 minutes 55 P M.

21. I hereby certify that I attended the deceased from 1/26/40
 _____, 19____, to Jan 26, 1940
 and that death occurred on the Jan 26 and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 hrs.

Due to Hypertension 51 3 yrs.

Due to _____

Other conditions Carcinoma Prostate 50 yrs.
 (Include pregnancy within 3 months of death)

Major findings: Surgery Prostate PHYSICIAN
 Of operations About 10 yrs ago, said
 Of autopsy to have been Underline
Malignancy the cause to
which death
should be
charged sta-
tistically.

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

23. Signature Merwin H. Black (M. D. or other)
 Address Missio Bldg. Date signed 1/29/40

RECEIVED

District Health Officer No. 6,

District File Number 240-577

Date Filed FEB 15 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 David Dillon

Licensed Embalmer No. 3898

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.