

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FEB MAR 11 1940  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County JASPER

(b) City or town JOPLIN

(c) Name of hospital or institution: NONE. 504 N. MINERAL  
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution NONE. 2  
(Specify whether \_\_\_\_\_)

In this community 13 YEARS.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER

(c) City or town JOPLIN - MO  
(If outside city or town limits, write "RURAL")

(d) Street No. 504 N. MINERAL.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.  \_\_\_\_\_ years.

3. (a) PRINT FULL NAME WM EDGAR FRENCH.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race W

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased DEC 20 1926.  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>13</u>	<u>2</u>	<u>6</u>	hr. min.

9. Birthplace JOPLIN MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation SCHOOL LAD.

11. Industry or business \_\_\_\_\_

12. Name ALBERT FRENCH.

13. Birthplace CARTHAGE MO.  
(City, town, or county) (State or foreign country)

14. Maiden name LUCEY HOLLAND.

15. Birthplace HEBER SPRS ARK.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Albert M. French.

(b) Address 504 N. Mineral Joplin Mo.

17. (a) BURIAL (b) Date thereof 2-29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OSBORNE MEM CEM.

18. (a) Signature of funeral director Frank M. Gierber

(b) Address Joplin Missouri

19. (a) 2-28-40 (b) Ed E. Dennis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 27  
year 1940 hour 7 minute 35 A. M.

21. I hereby certify that I attended the deceased from Feb 26th 1940 to Feb 27th 1940  
that I last saw him alive on Feb 26th 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_ gtd

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none

Of autopsy none

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) \_\_\_\_\_

(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 George W. Sellers D.C. (M. D. or other)

Address 2317 Valance Joplin Mo Date signed 2-28-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD 23 17-40  
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 340-756

Date Filed MAR 8 1940

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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..... *Harry K. Zurek* .....

Licensed Embalmer No. 959 .....

P. O. Address..... *Josephine Ave.* .....

**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.**