

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:  
2150 4th Street V  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin  
(If outside city or town limits, write "RURAL")

(d) Street No. 2150 4th  
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN C. SANNER

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18  
year 1940 hour 8:45 minute P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Josie

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

Birth date of deceased May 14 1863  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 17 1940 to Feb 18 1940  
that I last saw him alive on July 17 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 9 Days 4  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Chronic Myocarditis

Duration \_\_\_\_\_

9. Birthplace Baltimore, Md  
(City, town, or county) (State or foreign country)

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

Due to 92C

10. Usual occupation Insurance Salesman

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

11. Industry or business American Natl Life Ins Co

12. Name No record

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

14. Maiden name No record

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs Hazel Stearns

(b) Address 923 W. 5th St Joplin Mo

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 2-20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

(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? \_\_\_\_\_

18. (a) Signature of funeral director Thomhill Miller

(b) Address Joplin Missouri

19. (a) 2-23-40 (b) Ed D. James  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature H. Hurler (M. D. or other) 1

Address Joplin Mo Date signed 2-21-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 3210-738

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..... *David Kilbon* .....

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.**