

FILED JUN 10 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18730

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 411 Primary Registration District No. 2002

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:  
St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 Hours  
(Specify whether  
In this community 44 Years  
years, months or days)

3. (a) PRINT FULL NAME Samuel Leroy Hosp 210  
3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nellie Hosp 6. (c) Age of husband or wife if alive 41 years  
7. Birth date of deceased October 16 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 7 13 hr. \_\_\_\_\_ min.

9. Birthplace Joplin Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business Mining

MOTHER FATHER { 12. Name John Hosp  
13. Birthplace no Record  
14. Maiden name Anna Jackson  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Hosp  
(b) Address 2211 Bird Ave., Joplin, Mo.

17. (a) Burial (b) Date thereof 6-1-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem.  
18. (a) Signature of funeral director Hurlbut Und., Co.  
(b) Address 212 Joplin St., Joplin, Mo.

19. (a) 6-1-40 (b) Ed D. Jones  
(Date received local registrar) (Registrar's signature)

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. 2211 Bird Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20  
year 1940 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on May 29-1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull - Automobile accident. Duration \_\_\_\_\_

Due to Collision with another motor vehicle

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

Other conditions (Include pregnancy within 3 months of death) 210 711

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:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence May 29-1940

(c) Where did injury occur? Joplin, Jasper Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on East 15th St. in Missouri  
While at work? no (Specify type of place) (e) Means of injury Automobile

23. Signature Ed D. Jones (M. D. or other) \_\_\_\_\_  
Address Joplin, Mo. Date signed 6-28-40

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

ts

40-6-154

2011

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 Sam E. Senevey

Licensed Embalmer No. 4099

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.