FILED JUL 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

S. No. 11-10
7. 5-17.

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

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 21998

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: 817 Pennsylvania
(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: 60 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.: 817 Pennsylvania
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME: Fidelious (Del) Champlin
3. (b) If veteran, name war: ----------
3. (c) Social Security No.: ****** **
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Wid
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased: Nov. 18, 1864 (Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days ... If less than one day ... hr. ... min.

9. Birthplace: Greenfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Miner
11. Industry or business:
FATHER 12. Name: Malcom Champlin
13. Birthplace: Illinois (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Adeline Howard
15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Art. Hollbrook
(b) Address: 817 Penn., Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-20-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cem.
18. (a) Signature of funeral director: Hurlbut Und. Co.
(b) Address: 212 Joplin, Joplin, Mo.
19. (a) 6-20-40 (Date received by local registrar) (b) Ed D James (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 18 year 1940 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from June 17, 1940, to June 18, 1940, that I last saw him alive on June 17, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage,
Due to: Arteria-sclerosis.
Due to: 8 Yr
Other conditions (Include pregnancy within 3 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):
(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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: W. H. Hurlbut Coroner or other
Address: 214 Joplin Date signed: 6/19/40

(Licensed Embalmer's Statement on Reverse Side)

## 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.**