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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25437

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

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 6 Days (Specify whether

In this community 26 Years years, months or days)

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. 325 Patterson (If rural, give location)

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

3. (a) PRINT FULL NAME Clay A. Krummel

3. (b) If veteran, name war —

3. (c) Social Security No. 496-10-9018

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dorothy

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased July 12, 1913 (Month) (Day) (Year)

8. AGE: Years 27 Months 0 Days 22 If less than one day hr. min.

9. Birthplace Webb City, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Auto Mechanic

11. Industry or business Garage

FATHER 12. Name W. A. Krummel

13. Birthplace St Louis Mo. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Clay Meuna

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

16. (a) Informant W. A. Krummel

(b) Address Hornet, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-40 (Month) (Day) (Year)

(c) Place: burial or cremation Hornet Cemetery

18. (a) Signature of funeral director Thomas Dillon

(b) Address Joplin Mo

19. (a) 8-6-40 (Date received by local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3rd year 1940 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from July 29, 1940 to Aug 3 1940 that I last saw him alive on August 3 1940 and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis

Due to Ruptured Appendix

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation Appendical Abscess

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)

(e) While at work? (f) Means of injury

23. Signature (M. D. or other)

Address Joplin Mo Date signed

(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 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.