

No. 2
17-4C
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X23159

STANDARD CERTIFICATE OF DEATH

35559

NOV 2 1940

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
(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 5 DAYS
(Specify whether years, months or days)

In this community 35 YRS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JASPER

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

(d) Street No. 2625 BYERS AVE
(If rural, give location)

(e) If foreign born, how long in U. S. A? No years.

3. (a) PRINT FULL NAME WILL SARTAIN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 30 year 1940 hour 4 minute a M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife ANNIE

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased NOV 2 - 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 15, 1940, to Oct 30, 1940, that I last saw him alive on Oct 29, 1940, and that death occurred on the date and hour stated above.

8. AGE: 73 Years Months 11 Days 30 If less than one day hr. _____ min. _____

Immediate cause of death Callmonary embolus

Due to Carcinoma of face 1 year

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

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation LABORER

Major findings: _____
Of operations _____
Of autopsy _____

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

11. Industry or business _____

12. Name W. J. SARTAIN

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

14. Maiden name ELIZABETH DENNIS

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

16. (a) Informant Mrs Annie Sartain

(b) Address 2625 Byers Joplin Mo

17. (a) BURIAL (b) Date thereof 11-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST PARK CEM

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? Yes

(e) Signature H. Terlauer (M. D. or other) 1
While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Ed E. Jamm (Date received local registrar) 10-31-40 (Registrar's signature) _____ Date signed 10-31-40

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

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EP

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 *John E. Sweeney Jr.*

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35339**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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**
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME: **Will Sartain**

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: **m**

6. (b) Name of husband or wife: _____ 6. (c) Age of husband, or wife, if alive: _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 30 min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **30** year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: **Embolus** Duration _____
Due to: **Carcinoma of face**
upper right chest

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: **45**
Of autopsy _____

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: **H. Wilken** (M. D. or other) _____
Address: **Joplin Mo** Date signed: **12/17/40**

SUPPLEMENTAL

