

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2946

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: Freeman Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 35 Days
 (Specify whether years, months or days)
 In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper **49**
 (c) City or town Joplin Mo; **2**
 (If outside city or town limits, write "RURAL") **5**
 (d) Street No. 605 Gray Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? Germany **0** years.

3. (a) PRINT FULL NAME Charles H. Markwardt.
 (b) If veteran, name war NONE
 (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 20 1941
 year _____ hour _____ minute _____ M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced 2 widower
 (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 18, 1865
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 20 to Jan. 20, 1941
 that I last saw him alive on Jan 20 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death Pericarditis Aneurysm 2 yrs.
 Due to _____
 Due to _____

9. Birthplace Germany **4**
 (City, town, or county) (State or foreign country)
 10. Usual occupation Baker

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business Prop. Electric Bakery;
 12. Name Henry Markwardt.
 13. Birthplace Germany **4**
 (State or foreign country)
 14. Maiden name No record
 15. Birthplace Germany. **4**
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Bill Markwardt.
 (b) Address 3002 Oak Ridge Drive, Joplin
 17. (a) Burial (b) Date thereof Jan 22, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Hope Cem.
 18. (a) Signature of funeral director Hurlbut Und Co;
 (b) Address Joplin Mo
 19. (a) 1-21-41 (b) Ed James
 (Date received local registrar) (Registrar's signature)

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?
372 (Specify type of place) _____
 While at work? _____ (Specify type of place) _____
 Means of injury _____
 23. Signature [Signature] (M. D. or _____)
 Address Joplin, Mo Date signed 1-20-41

41-2-156

AUG 26 1949

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. Senecy

Licensed Embalmer No. 4089

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.