

5-17-59
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1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3030

State File No. _____

Registration District No. 411

Primary Registration District No. 5569

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin - Galena
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution R.F.D. # 2 Galena Mo.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

(c) City or town Joplin, rural - Galena Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. Galena R.F.D. # 2
(If rural, give location)

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

3. (a) PRINT FULL NAME George Elmer Treaster

3. (b) If veteran, name war _____

3. (c) Social Security No. 491-01-1833

20. DATE OF DEATH: Month 1 day 16 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Theresa Treaster

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

7. Birth date of deceased Sept. 21 1892
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Septic Myocarditis

Duration _____

8. AGE: Years 48 Months 3 Days 7 If less than one day _____ hr. _____ min.

Due to Infection of right hand

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Laundryman

11. Industry or business _____

12. Name George Treaster

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

14. Maiden name Theresa Treaster

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Theresa Treaster

(b) Address Galena R.F.D. # 2

17. (a) Removal (b) Date thereof 1 16 41
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Galena Mo

18. (a) Signature of funeral director [Signature]

(b) Address Galena Mo

19. (a) 1-16-41 (b) [Signature]
(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 11/19

(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? 370

While at work? _____ (Specify type of place)

(e) Means of injury Coroner

23. Signature [Signature] (M. D. or other) _____

Date signed Jan 16 41

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

41-2-18
93 Me

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2020
Registrar's No. 4

Registration District No. 411

Primary Registration District No. 5569

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Salina, T. P.
(If outside city or town limits, write "RURAL" and name of township)
(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 Geo. Elmer Treaster

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 _____ year

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

8. AGE: Years 48 Months 3 Days 7 If less than one day _____ hr. _____ 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 1 day 16
year 1941 hour _____ minute _____ M.

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

Immediate cause of death Septic myo-carditis
Due to Infection of the rt hand

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations 185
Of autopsy 181

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 Jan 6 1941
(c) Where did injury occur Sept 4 John Jasper Mo
(City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home, sugar palm on nail
While at work _____ (Specify type of place) (e) Means of injury crow

23. Signature R. W. Webster (M. D. or other) crow
Address Carthage, Mo. Date signed _____

SUPPLEMENTARY

