S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1941

Registration District No. 411

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7252

State File No.

Primary Registration District No. 2002

Registrar's No.

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

49
2
5

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 11 Days (Specify whether years, months or days)

In this community: Life

2. USUAL RESIDENCE OF DECEASED: 49

(a) State: Missouri (b) County: Jasper

(c) City or town: Joplin--Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Route #3 Box 200
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: Carl C. Whited

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: Married

6. (b) Name of husband or wife: Ollie

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: Aug. 11, 1891 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	6	10	hr. min.

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

10. Usual occupation: Laborer

11. Industry or business: Mines

FATHER
12. Name: Robert Whited
13. Birthplace: Springfield, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Laura Sherwood
15. Birthplace: Seneca, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Laura Whited

(b) Address: Joplin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-24-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Ozark Memorial

18. (a) Signature of funeral director: Thornhill-Dillon

(b) Address: Joplin, Missouri

19. (a) 2-21-41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st year 1941 hour 9:45 minute AM M.

21. I hereby certify that I attended the deceased from Jan. 8, 1941, to Feb. 21, 1941, that I last saw him alive on Feb. 21, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Asthma	
Due to: Cause undetermined	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:

Of autopsy: All bronchi filled with fibrinous plugs

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: [signature] (M. D. or other)

Address: Joplin, Mo. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

41-3.262.

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 Don Tetrick

Licensed Embalmer No. 4008

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.