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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10983

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

1. PLACE OF DEATH: Jasper
(a) County: Jasper
(b) City or town: Joplin
(c) Name of hospital or institution: St. John's Hospital
(d) Length of stay: In hospital or institution: 1 day
In this community: 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Waco, Rural
(d) Street No.: Forest Park Resort
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: JACK SULLIVAN
3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 08 day 11th year 1941 hour 10 minute 12 A.M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Sept. 27 1924 (Month) (Day) (Year)

Immediate cause of death: Extensive Burns
Due to: Starting fire in stove with kerosene oil
Due to: Conflagration

8. AGE: Years 16 Months 6 Days 01 If less than one day hr. min.

Duration: _____
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

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

10. Usual occupation: Helper

11. Industry or business: Forest Park Resort

12. Name: Henry Sullivan

13. Birthplace: Marionville Missouri (City, town, or county) (State or foreign country)

14. Maiden name: May Cawyer (City, town, or county) (State or foreign country)

15. Birthplace: Iowa Falls Iowa (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. May Cawyer

(b) Address: Forest Park Resort, Waco, Mo.

17. (a) Burial (b) Date thereof: 3-30-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Waco, Missouri

18. (a) Signature of funeral director: Lanpher Mortuary (b) Address: Joplin, Missouri

19. (a) 3-29-41 (b) Ed D. Jones (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): accident 049
(b) Date of occurrence: March 27 41
(c) Where did injury occur? Jasper Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3721 Public Tourist Cabin (Specify type of place)

While at work? no (e) Means of injury: fire
23. Signature: R. N. Webster (M. D. or other) Date signed: March 29

Address: Carthage Mo Date signed: March 29

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

MOTHER FATHER

49
0
0

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

41

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 *F. M. Jones*

Licensed Embalmer No. *2319*

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.