

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 2028 Adelia /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME John Rothanbarger
 3. (b) If veteran, * * * name war _____
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife no record
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased no record
(Month) (Day) (Year)

8. AGE: Years about 78 Months ? Days ?
 If less than one day _____ hr. _____ min.

9. Birthplace No Record
(City, town, or county) (State or foreign country)

10. Usual occupation No Record

11. Industry or business No Record

12. Name _____

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant C. H. Ware

(b) Address Chalis Kansas

17. (a) Burial (b) Date thereof 4-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl R. X. West

18. (a) Signature of funeral director Stephen Lund

(b) Address Joplin Mo

19. (a) 4-17-41 (b) Ed D. Jamney
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper 49
 (c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 2028 Adelia 5
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? No 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 16
 year 41 hour 6 minute 15 A. M.
 21. I hereby certify that I attended the deceased from _____
 that I last saw h did not see him alive 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 Duration _____

Due to General atherosclerosis
 Due to _____

Other conditions 94 W
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 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? 372

While at work? _____ (Specify type of place)
 (e) Means of injury Coronary

23. Signature H. A. Nebel (M. D. or other) MD
 Address Carthage, Mo Date signed Apr. 16. 41

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

MOTHER FATHER

41-5-457

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....
Henry K. Lueders

Licensed Embalmer No..... *90-9*

P. O. Address.....
Spencer, 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.