No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21877

State File No.

FILED JUL 11 1941

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: St. John Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla. (b) County Ottawa

(c) City or town South of Miami (If outside city or town limits, write "RURAL")

(d) Street No. South of Miami, Okla. (If rural, give location)

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

3. (a) PRINT FULL NAME ALBERT SETSER

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 Married

6. (b) Name of husband or wife Katie Setser

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Oct (Month) 18 (Day) 1899 (Year)

8. AGE: Years 41 Months 7 Days 20 If less than one day — hr. — min.

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

10. Usual occupation Miner

11. Industry or business Mine

FATHER 12. Name Frank Setser

FATHER 13. Birthplace N. Carolina (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Julia Bridge

MOTHER 15. Birthplace Okla. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Katie Setser

(b) Address 400 S. Main Miami Okla.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/41 (Month) (Day) (Year)

(c) Place: burial or cremation Ottawa Cty.

18. (a) Signature of funeral director Cooper Funeral Home

(b) Address Miami Oklahoma

19. (a) 6-12-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th year 1941 hour 4:45 minute A.M.

21. I hereby certify that I attended the deceased from 6/6/41, 19..., to 6/8/41, 19...; that I last saw him alive on 6/8/41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration 6/6

" Edema — 6/6/41

Due to Concussion

Compound fracture of leg

Due to Trauma from Auto Acc.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

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) Accident Auto

(b) Date of occurrence 6/6/41 0:40

(c) Where did injury occur? Galena Kans (City or town) Cherokee Co (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On highway (Specify type of place)

While at work? No (e) Means of injury Gas Coal

23. Signature Milton A. M. D. (M.D. or other)

Address Miami Okla. Date signed 6/8/41

(Licensed Embalmer's Statement on Reverse Side)

41-7-597.

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address 58 NW Miami Ok

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, above space should be left blank.