

FILED JUL 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21879**

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **Gasper**
 (b) City or town **Gasper**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **310 N. Oak**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community **2 years** (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Gasper**
 (c) City or town **Joplin** (If outside city or town limits, write "RURAL")
 (d) Street No. **310 N. Oak** (If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **JAMES STACK**
 3. (b) If veteran. name war _____
 3. (c) Social Security No. **34740-4294**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **22**
 year **1941** hour **3:30** minute **P** M.
21. I hereby certify that I attended the deceased from **6-15-41**
 _____, 19____, to **6-20**, 19**41**;
 that I last saw him alive on **6-20**, 19**41**;
 and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **9**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Nov 28 1883**
 (Month) (Day) (Year)

Immediate cause of death: **myocarditis, chr**
 Due to _____
 Due to **auricular fibrillation**

8. AGE: Years **57** Months **6** Days **25** If less than one day _____ hr. _____ min.
9. Birthplace **Peoria Ill**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Retired Steel Worker**

Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
12. Name **Michael Stack**
13. Birthplace **Ireland**
 (City, town, or county) (State or foreign country)
14. Maiden name **no record**
15. Birthplace _____
 (City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs Marie Johnson**
 (b) Address **310 N Oak St**
17. (a) Removal (b) Date thereof **6-22-41**
 (Month) (Day) (Year)
 (c) Place: **Peoria Ill**
18. (a) Signature of funeral director **Thornhill-Dillon**
18. (b) Address **4th & Wall 370**
19. (a) 6-23-41 (b) **J. D. Jones**
 (Date received local registration) (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 _____
 (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) (e) Means of injury _____
23. Signature **D. O. T. Blanke** (M. D. or other) _____
 Address **Joplin, Mo.** Date signed **6-21-41**

(Licensed Embalmer's Statement on Reverse Side)

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

o. 2
4-41
7-39
X26390

41-7-615

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 Cecil A. Thornhill

Licensed Embalmer No. 3590

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.