

No. 2  
1-4-41  
-17-39  
X28390

**FILED SEP 12 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**  
 (c) Name of hospital or institution **402 Connor Ave.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **None**  
 In this community **30 Years**  
 years, months or days **/** (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jasper**  
 (c) City or town **Joplin**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **402 Connor Ave.**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **No**

**3. (a) PRINT FULL NAME** **James Wilson**  
 3. (b) If veteran, name war **No**  
 3. (c) Social Security No. **No**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **August** day **12**  
 year **1941** hour **11** minute **45 A** M.  
**21. I hereby certify that I attended the deceased from** **8-11-1941** to **8-14-41**  
 1941 to \_\_\_\_\_ 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 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** **Widow**  
**6. (b) Name of husband or wife** **No** **6. (c) Age of husband or wife if alive** **No** years  
**7. Birth date of deceased** **April 19 1867**  
 (Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
 Due to **Cerebral hemorrhage repeated attacks**  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) **83A**

**8. AGE:** Years **74** Months **3** Days **22**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**9. Birthplace** **Lexington Missouri**  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation** **Laborer**  
**11. Industry or business** **Eagle Picher Lead Co.**

**MOTHER** { **12. Name** **Hugh Wilson**  
**13. Birthplace** **Missouri**  
**MOTHER** { **14. Maiden name** **Mary Arnold**  
**15. Birthplace** **Missouri**  
 (City, town, or county) (State or foreign country)

**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** **Ed A. James** (M. D. or other) \_\_\_\_\_  
 Address **Joplin Mo.** Date signed \_\_\_\_\_

**16. (a) Informant** **S. A. Wilson**  
**(b) Address** **402 Connor St. Joplin Mo.**  
**17. (a) Burial** (b) Date thereof **8-14-41**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Fairview Cem.**  
**18. (a) Signature of funeral director** **Hurlbut & Co.**  
**(b) Address** **212 Joplin St. Joplin Mo.**  
**19. (a) 8-13-41** (b) **Ed A. James**  
 (Date received local registrar) (Registrar's signature)

**372** (Licensed Embalmer's Statement on Reverse Side)

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

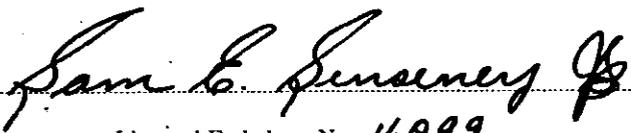
41-9-756

**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 *Sam E. Seneaney* 

Licensed Embalmer No. *4099*

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.**