

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

X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28605**

Registration District No. **4-11** 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
1701 JACKSON AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **NONE**
(Specify whether years, months or days)

In this community **14 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Joplin Mo;**
(If outside city or town limits, write "RURAL")

(d) Street No. **1701 Jackson Ave.**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **no**

3. (a) PRINT FULL NAME **Jack Wesley Daniels.**

3. (b) If veteran. **NO** name war _____

3. (c) Social Security **NO** No. _____

4. Sex **Male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **No**

6. (c) Age of husband or wife if alive **No** years

7. Birth date of deceased **Jan. 19, 1927**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
14	6	27	hr. _____ min.

9. Birthplace **Joplin Missouri;**
(City, town, or county) (State or foreign country)

10. Usual occupation **student**

11. Industry or business **SCHOOL**

12. Name **Claude S. Daniels;**

13. Birthplace **Joplin Mo;**
(City, town, or county) (State or foreign country)

14. Maiden name **Ula Robbins.**

15. Birthplace **Joplin Mo;**
(City, town, or county) (State or foreign country)

16. (a) Informant **Claude Daniels**

(b) Address **1701 Jackson, Joplin Mo**

17. (a) **Burial** (b) Date thereof **8-18-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark Mem. Hurlbut Und. Co;**

18. (a) Signature of funeral director _____

(b) Address **Joplin Mo;**

19. (a) **8-16-41** (b) **J. J. James**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug. 15,** day **1941;**
year _____ hour **12:30 P.M.** M.

21. I hereby certify that I attended the deceased from **Jan 29** 19**40** to **Aug 15** 19**41**
that I last saw him alive on **Aug 11** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. endocarditis**

Due to **Unknown**

Due to **g/c**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

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

23. Signature **J. J. James** (M. D. or other) **Presl.**
Address **Joplin Mo** Date signed **8-16-41**

Duration **more of 1 hr**

PHYSICIAN

Underline the cause to which death should be charged statistically.

41-9-264

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 B. Sencer

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.