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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILLED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28609

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: 8th + CUNNINGHAM.
(d) Length of stay: In hospital or institution NONE
In this community 6 YEARS 3 (Specify whether years, months or days)

3. (a) PRINT FULL NAME BUCK JONES
3. (b) If veteran, name war No 3. (c) Social Security No. No
4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years
7. Birth date of deceased MARCH 22 1932 (Month) (Day) (Year)

8. AGE: Years 9 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation SCHOOL BOY

11. Industry or business SCHOOL

12. Name BEN JONES

13. Birthplace TERRE HAUTE INDIANA (City, town, or county) (State or foreign country)

14. Maiden name LETA RHODES

15. Birthplace TALOGA OKLAHOMA (City, town, or county) (State or foreign country)

16. (a) Informant Ben Jones

(b) Address 1220 Empire Joplin

17. (a) Burial (b) Date thereof 8-15-41 (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW W. CEM.

18. (a) Signature of funeral director Nye & Co

(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 8-14-41 (b) 24 28 Joplin, Mo. (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JASPER
(c) City or town JOPLIN
(d) Street No. 1220 EMPIRE
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug, day 13 year 41 hour 12:30 minute P M.
21. I hereby certify that I attended the deceased from that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death: Smothered by covering chest plate

Due to 1932
Other conditions: (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) Accident
(b) Date of occurrence Aug 13 41
(c) Where did injury occur? Joplin Jasper Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on private property
While at work at play (Specify type of place) (e) Means of injury
23. Signature R. H. Webster (M. D. or other) Address Carthage Mo Date signed Aug 13

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

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41-9-759

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. Senseney*

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.