

No. 2
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DEPARTMENT OF COMMERCE

FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31791

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (City)

(c) Name of hospital or institution: 13th & Main /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 3-

(d) Street No. 1312 Virginia
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME James Marple Newlun

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th
year 1941 hour 6:50 minute p M.

4. Sex Male / 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October 7th, 1898
(Month) (Day) (Year)

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

8. AGE: Years 42 Months 11 Days 22 If less than one day hr. min.

Immediate cause of death: Gun shot wound thro heart

Due to

Due to

9. Birthplace Gentry / Arkansas
(City, town, or county) (State or foreign country)

Other conditions: 166
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

10. Usual occupation Trucker

11. Industry or business

MOTHER FATHER { 12. Name Cliff Newlun

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

14. Maiden name Mattie Gann

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Glenn Newlun

(b) Address 1312 Virginia, Joplin, Mo.

17. (a) Removal (b) Date thereof 10-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gentry, Arkansas

18. (a) Signature of funeral director Lanpher Mortuary

(b) Address Joplin Missouri

19. (a) 10-1-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Sept 29 1941

(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?
in public street

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

23. Signature [Signature] (M. D. or other) [Signature]
Address Carthage Mo Date signed Sept 30

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

41-10-843

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Page 7

7 2 08

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 *F. M. Jones*.....

Licensed Embalmer No. *2319*.....

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.