

0. 2
13-40
17-39
X2315

FILED NOV 14 1941
Registration District No. 477

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Between 19th & 20th on Main Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3
45 yrs. 1 mo. 4 days Specify whether
years, months or days

3. (a) PRINT FULL NAME Martin Flynn

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lois Flynn

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

7. Birth date of deceased August 30, 1896.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>1</u>	<u>4</u>	hr. min.

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

10. Usual occupation Tool Dresser

11. Industry or business _____

12. Name John Flynn

13. Birthplace Macon Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Friend

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

16. (a) Informant Mrs. Martin Flynn

(b) Address 2830 Wis. Joplin, Mo.

17. (a) Burial (b) Date thereof 10-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Mem. Cem.

18. (a) Signature of funeral director Lanpher Mortuary

(b) Address Joplin, Missouri

19. (a) 10-7-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049

(c) City or town Joplin 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2830 Wisconsin
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4th
year 1941 hour 6:20 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw _____ give on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of base of skull

Due to knocked down by own car, run over by another

Other conditions Fracture right femur
(Include pregnancy within 8 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy 70C 21

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 Oct 4 1941, 12:22

(c) Where did injury occur? Joplin paper Mfg
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Main street
(Specify type of place)

While at work _____ (e) Means of injury Car

23. Signature [Signature] (M. D. or other) Coroner

Address Carthage Mo Date signed Oct 4

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

2132

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.