

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35271**

Registration District No. 413 Primary Registration District No. 5559, C.A. Registrar's No. 40

1. PLACE OF DEATH: **FILLED NOV 6 1941**
(a) County Jasper
(b) City or town Marion
(c) Name of hospital or institution: Jasper Co TB Hosp
(d) Length of stay: In hospital or institution 5 years
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 1928 Jackson
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Albert E. Dargatzis
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCT day 6
year 1941 hour 5 minute 20 A.M.

4. Sex Male 5. Color or race w.
6. (a) Single, widowed, married, divorced 3
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 1878 years
7. Birth date of deceased Feb 13, 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 11, 1936 to Oct 6, 1941
that I last saw him alive on Oct 5, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 7 Days 23
If less than one day hr. min.

Immediate cause of death Cor Pulmonale
Due to Pulmonary Siles - Tuberculosis
Due to _____

9. Birthplace Joplin MO
10. Usual occupation Lead Zinc Miner
11. Industry or business Adolphus Dislar
12. Name U. Carolina
13. Birthplace Mary E. Wiles
14. Maiden name New York
15. Birthplace

Other conditions 13 1/2
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Wm E. McTee
(b) Address 1928 Jackson Joplin MO
17. (a) Buried (b) Date thereof 10-9-41
(c) Place: burial or cremation Wanless Cem
18. (a) Signature of funeral director Wanless Cem
(b) Address Joplin MO
19. (a) OCT 9, 41 (b) Albert E. Dargatzis
(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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (e) Means of injury _____
23. Signature Albert E. Dargatzis (M. D. certified)
Address Joplin MO Date signed 10/14/41

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

49
0
0

41-11-8 PS

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.....

[Handwritten Signature]

..... Licensed Embalmer No.

959

P. O. Address.....

[Handwritten Address]

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.