

DEC 17 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. John's Hospital ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether In this community 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")

(d) Street No. 1125 Murphy 5
(If rural, give location)

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

3. (a) PRINT FULL NAME James Lee Watkins

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 Single

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

7. Birth date of deceased Nov. 4 1941
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6th
year 1941 hour 3:10 minute 0 M.

21. I hereby certify that I attended the deceased from Nov. 5 1941 to Nov. 5 1941.
that I last saw him alive on Nov. 5 1941 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 0 2 hr. min.

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

10. Usual occupation Child

Immediate cause of death Best Injury 1 day
Probably too Rapid
blinding

Due to _____

Due to _____

Other conditions 1600
(Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name James Watkins

13. Birthplace Neosho Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Inez Pierce

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

16. (a) Informant James Watkins

(b) Address 1125 Murphy, Joplin, Mo.

17. (a) Burial (b) Date thereof 11-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Lanpher Mortuary

(b) Address Joplin Missouri

19. (a) 11-7-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy Not done

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 [Signature]

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

Address Joplin, Mo Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

41-12-1023

1000

1555

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.....

Japhin md

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.