

FILED DEC 4 1941

Registration District No. 415

Primary Registration District No. 5559.C.

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Meramec RURAL
(c) Name of hospital or institution: A.B.C. Hospital
(d) Length of stay: In hospital or institution 1 mo
In this community 1 mo years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(d) Street No. 1710 Hall Street 5
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1941 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 24 1941 to Nov 23 1941
that I last saw him alive on Nov 22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Siles - Tuberculosis

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1381

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) ✓
(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 ✓

23. Signature John E. Dangler (M. D. or other) ✓
Address Joplin Mo Date signed 11/23/41

3. (a) PRINT FULL NAME Jerome L. Badgley
3. (b) If veteran. name war No 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 4 1890 (Month) (Day) (Year)

8. AGE: Years 41 Months 2 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Carthage Mo (City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business _____

12. Name Charles Badgley
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Laura Keifer
15. Birthplace Leeward 1 (City, town, or county) (State or foreign country)

16. (a) Informant Records
(b) Address _____

17. (a) Removal (b) Date thereof 11-23-41 (Month) (Day) (Year)
(c) Place: burial or cremation Picher, Mo.

18. (a) Signature of funeral director Bentley Thomas
(b) Address Picher, Mo.

19. (a) NOV. 24. 41 (b) J. L. Archer M.D. (Date received local registrar) (Registrar's signature)

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

41-12-987
From 1920's some of my...

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.....

Licensed Embalmer No.....

P. O. 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.