

FILED FEB 18 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. R #3 Box 18 Joplin, Mo.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Lary Jean Degraffenreid

3. (b) If veteran, name war **** 3. (c) Social Security No. ****

4. Sex Male 5. Color or race W 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 January 23, 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>15</u> hr. <u>min.</u>

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

10. Usual occupation _____

11. Industry or business _____

12. Name Willard Degraffenreid

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

14. Maiden name Ina May Campbell

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

16. (a) Informant Willard Degraffenreid

(b) Address R #3 Box 18 Joplin, Mo.

17. (a) Burial (b) Date thereof 1-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Mo.

18. (a) Signature of funeral director Herbert Lind Co.
(b) Address Joplin, Mo.

19. (a) 1-30-42 (b) Ed James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1942 hour 3 minute _____ A.M.

21. I hereby certify that I attended the deceased from 1/23/42
19____, to 1/24/42, 19____;
that I last saw him alive on 1/24/42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Prematurity (7 mo?)
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations none
 Of autopsy none

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)
 (a) Means of injury _____

23. Signature Ed James (M. D. _____)
Address Joplin, Mo. Date signed _____

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

9
3
5

