

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH: JASPER
 (a) County JASPER
 (b) City or town Joplin City
 (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 23
 In this community 23 days
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County JASPER
 (c) City or town Joplin
 (d) Street No. 900 E 7th St
 (e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME BUSTER K. EBERSOLE

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

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased DEC 20 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name J. M. EBERSOLE

13. Birthplace Joplin Mo
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH GREENWELL

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

16. (a) Informant J. M. Ebersole

(b) Address Joplin Mo

17. (a) Burial (b) Date thereof 1/13/42
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Forest Park Cem

(b) Address Joplin Mo

19. (a) 1-13-42 (b) J. M. Ebersole
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1 day 13
 year 1942 hour 1 minute 9 M.

21. I hereby certify that I attended the deceased from Dec 20 1941, 19____, to 1-13-42, 19____; that I last saw him alive on 1-12-42, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity - 7 mon.

Due to _____

Due to Enlarged Thyroid
Collapsed left lung

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

Major findings: 159
Of operations _____

Of autopsy _____

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 0

23. Signature Walter H. ... (M.D. or pathologist)
Address Joplin Mo Date signed 1/13/42

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

9
2
3
nooby

42-1-75

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Joplin Mo

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.