

No. 2  
4-13-40  
5-17-39  
I X23159

FILED FEB 18 1942

Registration District No. **7-11**

Primary Registration District No. **2002**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Joplin City**  
(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 **5 hrs.**  
(Specify whether in this community **9 yrs.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Joplin**  
(If outside city or town limits, write "RURAL")

(d) Street No. **607 E. 15th** (If rural, give location)

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

3. (a) PRINT FULL NAME **Jack Richards**

3. (b) If veteran, name war **world war #1** 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **25** year **1942** hour **12** minute **30 A.** M.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **divorced**

6. (b) Name of husband or wife **NO RECORD** 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **Nov. 25 1800**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 27** 19**42** to **Jan 25** 19**42** that I last saw him alive on **Jan 27** 19**42** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>42</b>	<b>2</b>	<b>0</b>	hr. min.

Immediate cause of death **Pneumonia** Duration **3 days**

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

10. Usual occupation **bartender**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **107**

11. Industry or business \_\_\_\_\_

12. Name **Dudley c. Carr**

13. Birthplace **Wentzville MO** (City, town, or county) (State or foreign country)

14. Maiden name **Anna Richards**

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Annie Carr** (b) Address **St Louis Mo**

17. (a) **Burial** (b) Date thereof **Jan 28 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis MO**

18. (a) Signature of funeral director **Hurlbut Und. Co.** (b) Address **Joplin Mo**

19. (a) **1-26-42** (b) **[Signature]**  
(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? \_\_\_\_\_ (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 **[Signature]** (M. D. or other) **MD**  
Address **Joplin Mo** Date signed **1/26/42**

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

Spent 1000

18

FEB 27 1942

APR 18 1944

MAR 3 1942

FEB 12 1942

**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. *2648*

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.