

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: 530 Virginia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 years -
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. 530 Virginia
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1942 hour 7:15 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from _____
_____ 19 to _____ 19
that I last saw _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death: Sudden death
Duration _____

Due to: Coronary occlusion

Due to: _____

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

Major findings: Of operations: 9/4

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature: J. A. Roberts (M. D. or other)
Address: Carthage, Mo. Date signed: Jan 8, 42

3. (a) PRINT FULL NAME: Frank Skelley

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

4. Sex: Male (7) 5. Color or race: White (2) 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased: Oct 9 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 28 If less than one day hr. _____ min. _____

9. Birthplace: No record - 9
(City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: No Record -

12. Name: No Record

13. Birthplace: No Record - 9
(City, town, or county) (State or foreign country)

14. Maiden name: No Record

15. Birthplace: No Record - 9
(City, town, or county) (State or foreign country)

16. (a) Informant: MRS. EVA WAUGH

(b) Address: Joplin, Mo. 530 Va. Ave

17. (a) Burial (b) Date thereof: Jan 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Fairview, 1942

18. (a) Signature of funeral director: Thos. H. Dillon Mortuary
(b) Address: Joplin, Mo.

19. (a) 1-9-42 (b) _____
(Date received local registrar) (Registrar's signature)

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

19
2
5

421-55

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 *Don Petrick*.....

Licensed Embalmer No. *4018*.....

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.**