

No. 2
4-41
7-39
X26390

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

FILED MAR 13 1942

State File No. _____

Registration District No. 711

Primary Registration District No. 2002

Registrar's No. 48

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:
30th and Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether
In this community. 5 months + 18 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jasper 49
(c) City or town. Joplin 48g
(If outside city or town limits, write "RURAL") 3
(d) Street No. 30th and Jackson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LARRY EDWARD EBBS

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. September 3 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 18 hr. min.

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

10. Usual occupation. infant

11. Industry or business _____

MOTHER FATHER
12. Name. James Ebbs
13. Birthplace. Joplin Missouri
(City, town, or county) (State or foreign country)
14. Maiden name. Marie Shaffer
15. Birthplace. Lawson Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant. James Ebbs
(b) Address. 30th and Jackson, Joplin, Mo

17. (a) Burial (b) Date thereof. 2-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Fairview Cem.

18. (a) Signature of funeral director. Lauphin Mortuary
(b) Address. 1522 9th Joplin Missouri

19. (a) 2-24-42 (b) Victor Sussler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Feb day. 21
year. 1942 hour. 4:00 minute. A.M.
21. I hereby certify that I attended the deceased from. Feb. 15
1942 to. Feb 21 1942
that I last saw him alive on. Feb. 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Bronchitis - Pneumonia ✓
Duration. 5 days

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

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. if

23. Signature. J.P. Lawson M.D. or other _____
Address. Joplin Mo Date signed. 2-24-42

42-2-156

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..... *F. M. Jones*.....

Licensed Embalmer No. *2319*.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6899**
Registrar's No. _____

Registration District No. **411**

Primary Registration District No. **2002**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Gaflen**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **Larry E. Ebbes**

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 **Sept 3** (Month) (Day) (Year)

8. AGE: Years _____ Months **5** Days _____ if less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ that I first saw him _____ alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to **Acute Broncho Pneumonia**
Due to _____

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

Major findings: 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 _____

23. Signature **[Signature]** (M. D. or other) _____
Address **[Address]** Date signed **7-8-67**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text notes that without clear records, it becomes difficult to track expenses, revenues, and other critical data points.

2. The second section addresses the challenges associated with data collection and analysis. It highlights that while modern technology offers powerful tools for data processing, the sheer volume and complexity of information can be overwhelming. The document suggests that organizations should invest in training and resources to effectively manage and interpret their data, ensuring that insights are derived accurately and used to inform decision-making.

3. The third part of the document focuses on the role of communication in organizational success. It argues that clear and consistent communication is vital for aligning team members, sharing information, and resolving conflicts. The text encourages the use of various communication channels, including face-to-face meetings, email, and digital collaboration tools, to ensure that all stakeholders are kept informed and engaged.

4. The fourth section discusses the importance of adaptability in a rapidly changing environment. It notes that organizations must be flexible and open to change in order to remain competitive and relevant. This involves regularly assessing market conditions, identifying new opportunities, and being willing to pivot strategies when necessary. The document stresses that a culture of innovation and continuous learning is essential for long-term success.

5. The final part of the document provides a summary of the key points discussed and offers some concluding thoughts. It reiterates that success is not achieved overnight and requires a combination of hard work, strategic planning, and effective communication. The document concludes by encouraging readers to take action on the insights provided and to stay committed to their goals and vision.