No. 2
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X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1942

Registration District No. 711

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6899

Primary Registration District No. 2002

Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County: Jasper
(b) City or town: Joplin Rural
(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 years, months or days)
In this community: 5 months + 18 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 48
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(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 (Month) 3 (Day) 1941 (Year)

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

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

10. Usual occupation: Infant

11. Industry or business .....

FATHER
12. Name: James Ebbs
13. Birthplace: Joplin (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Marie Shaffer
15. Birthplace: Dawson (City, town, or county) Oklahoma (State or foreign country)

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

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

18. (a) Signature of funeral director: Lamphier Mortuary
(b) Address: 1502 Joplin, Joplin, Missouri

19. (a) 2-24-42 (Date received by local registrar) (b) Gertrude Sedwetter (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	Duration
Bronchio-Pneumonia	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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: D. Lawson M.D. or other
Address: Joplin Mo Date signed: 2-21-42

1234 (Licensed Embalmer's Statement on reverse side)

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6899

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

SUPPLEMENTARY

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

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

3. (a) PRINT FULL NAME Larry E. Ebbs
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 S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 3 (Day) 19[illegible] (Year)

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

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

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

Immediate cause of death Bronchopneumonia — Duration
Due to Acute Coryza
Due to
Other conditions (Include pregnancy within 3 months of death) 109
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature [illegible] (M. D. or other) MD
Address Joplin Mo Date signed 4-8-42