

FILED MAR 13 1942

Registration District No. **111**

Primary Registration District No. **2002**

Registrar's No. **19**

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

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 **3 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Jackie Loren Laney**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male**

5. Color or race **white**

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 **Dec. 23, 1939**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	3	1	15	hr. min.

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

10. Usual occupation

11. Industry or business

12. Name **Louis Laney**

13. Birthplace **Wheaton Mo;**
(City, town, or county) (State or foreign country)

14. Maiden name **BERTIE Mc-CRISTEN**

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

16. (a) Informant **Louis Laney**

(b) Address **2211 Tyler, Joplin Mo;**

17. (a) Burial (b) Date thereof **2-11-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **FAIRVIEW CEM. Hurlbut Und. Co;**

18. (a) Signature of funeral director **Joplin Mo;**

(b) Address

19. (a) **2-10-42** (b) **Gertrude Sudhalter**
(Date received local registrar) (Registrar's signature)

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. **2211 Tyler Ave;**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb. 9,** day **1942**
year. hour **1-50 A. M.** minute **M.**

21. I hereby certify that I attended the deceased from **Feb 4 to 1942**
Feb 9 to 1942

that I last saw him alive on **Feb 9 to 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumococci meningitis**

Due to **Influenza**

Due to **41a**

Other conditions (Include pregnancy within 3 months of death)

Duration

3 days

7 days

Major findings: Of operations

Of autopsy **Septicemia with presacral abscess.**

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

23. Signature **R. Lawson** (M.D. or other)

Address **Joplin Mo** Date signed **2-10-42**

42-2-179

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.....
P.O. Address.....

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.