

Registration District No. 4-11

Primary Registration District No. 2002

Registrar's No. 104

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: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)
In this community 30 years

3. (a) PRINT FULL NAME

CLYDE JAMES

3. (b) If veteran, name war none 3. (c) Social Security No. 0

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased July 26 - 1889 (Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 21 If less than one day hr. 0 min. 0

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

10. Usual occupation Accountant

11. Industry or business Retired

MOTHER FATHER { 12. Name George W. James Penn
13. Birthplace Penn (City, town, or county) (State or foreign country)
14. Maiden name Malissa Louise Stratton
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Miss Pearl Coatsney
(b) Address 302 Pearl - Joplin, Mo

17. (a) Burial (b) Date thereof 3-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation MT. Hope Cemetery

18. (a) Signature of funeral director Thornhill - Dillon Mort.
(b) Address Joplin, Mo

19. (a) 3-21-42 (Date received local registrar) (b) Arthur S. Suddel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper '049
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 411 Pearl (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1942 hour 12:20 minute A M.

21. I hereby certify that I attended the deceased from 10 19 4 1942
to 3:20 19 4 1942

that I last saw him alive on 0 19 0
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemip
Due to Cerebral Hemip

Due to Ischemic necrosis cerebral hemip

Other conditions 1
(Include pregnancy within 3 months of death)

Major findings: 832
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(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 0

23. Signature Arthur S. Suddel (M. D. or other) 0
Address Joplin Mo Date signed 3/21/42

42.3264

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.....

David Dillon

Licensed Embalmer No. *3898*

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.