

V. S. No. 2
 OM-9-4-41
 Rev. 5-17-39
 I X29484

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

J. W. Maddox
 State File No. **11034**

FILED APR 13 1942
 Registration District No. **1421**

Primary Registration District No. **2002**

Registrar's No. **126**

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:
2640 East 5th
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1**
 In this community **19** yr. **6** mo. **15** da (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jasper 049**
 (c) City or town **Joplin 2**
 (If outside city or town limits, write "RURAL") **5**
 (d) Street No. **2640 East 5th**
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Burl Ennis Laird**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. **497-14-8788**

4. Sex **Male 0**
 5. Color or race **White 0**
 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 **Sept. 14, 1922**
 (Month) (Day) (Year)

8. AGE:
 Years **19** Months **6** Days **26**
 If less than one day _____ hr. _____ min.

9. Birthplace **Joplin Missouri 0**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Douglas Air Craft, Calif.**

11. Industry or business _____
 12. Name **Ennis Laird**
 13. Birthplace **Carthage, Missouri 0**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Madge McCarl**
 15. Birthplace **Penn. 1**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Ennis Laird**
 (b) Address **2640 E 5th, Joplin, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-31-42**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Park Parker-Hunsaker**

18. (a) Signature of funeral director **1502 Joplin, Joplin, Mo.**
 (b) Address

19. (a) **3-30-42** (Date received local registrar) (b) **J. S. Duckroetter** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30**
 year **1942** hour **5:00** minute **0** M.

21. I hereby certify that I attended the deceased from **March 17**
1942 to **March 30**, **1942**
 that I last saw him alive on **March 17**, **1942**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma (Cancer) squamous cell of the throat.**

Due to _____
 Due to **458**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Carcinoma of the squamous cell type**
 Of autopsy **none**

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 **John Maddox** (M.D. or other) _____
 Address **201 - 9 First Bldg.** Date signed **March 30 1942**

1204 (Licensed Embalmer's Statement on Reverse Side)

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

749
 6793

H.S.

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.