S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 477

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 11052

Registrar's No. 79

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 entered 3-6-42 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee

(c) City or town Galena (If outside city or town limits, write "RURAL")

(d) Street No. 18th Wood (If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME James R. Michael Moreland

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M

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 December (Month) 10 (Day) 1941 (Year)

8. AGE: Years | Months 2 | Days 30 | If less than one day hr. min.

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

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name John R. Moreland
13. Birthplace Galena (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Edna Barnes
15. Birthplace Galena (City, town, or county) Kansas (State or foreign country)

16. (a) Informant John R Moreland

(b) Address Galena Kan

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. 9 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Galena Kan

18. (a) Signature of funeral director Frank Allison

(b) Address Galena Kan

19. (a) 3-10-42 (Date received local registrar) (b) Gertrude Sudhoetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th year 1942 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 3-4-42, 19__, to 3-9-42, 19__; that I last saw him alive on 3-8-42, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Bronchopneumonia	6 days
Due to Pulmonary Edema	48 hrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 167	

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 Walter Howard (M. D. or other)

Address Joplin Mo Date signed 3/10/42

12 UT (Licensed Embalmer's Statement on Reverse Side)

42-3.243

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 Removed To Galena Kan, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Allison

Kan. Licensed Embalmer No. 1321

P. O. Address Galena Kan

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, above space should be left blank.