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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14596

Registration District No. 488 Primary Registration District No. 3020 Registrar's No. 80

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

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Carthage Ctr.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune Brooks
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 Days (Specify whether years, months or days)

In this community: ~~20 Years~~

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

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

(d) Street No.: R. R. #1 Joplin, Missouri
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Frank James Case

3. (b) If veteran, name war: —

3. (c) Social Security No. 486-05-8396

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Bertha Case

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Sept. (Month) 3, (Day) 1893 (Year)

8. AGE: Years 48 Months 7 Days 8 If less than one day: hr. min.

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

10. Usual occupation: Gasoline Locomotive Eng.

11. Industry or business: Atlas Powder Company

FATHER
12. Name: G. W. Case
13. Birthplace: Clay County (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name: Mary Lowry
15. Birthplace: Douglas County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Jm. Case (brother)
(b) Address: Carthage, Mo R. # 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/14/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Cemetery

18. (a) Signature of funeral director: Hedge-Nelson
(b) Address: Webb City, Missouri

19. (a) April 13 '42 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

1203 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1942 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Apr. 9, 1942, to Apr 12, 1942, that I last saw ~~him~~ alive on Apr. 12, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary edema + circulatory failure resulting from injuries to head

Due to: (skull fracture + cerebral concussion) and to fractured left femur

Due to: Injuries received Apr 8 1942

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

Major findings: Of operations: 1950 5

Of autopsy:

Duration: ✓

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): Accident #16

(b) Date of occurrence: 4-8-42

(c) Where did injury occur? Carthage Rt 4 (City or town) Jasper (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Atlas Powder Company (Specify type of place)

While at work? Yes (e) Means of injury: Collision

23. Signature: H E Byrd M D (M. D. or other)

Address: Carthage Mo Date signed: 4-13-42

42-4-378

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 C. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City,

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.