

1 PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Jasper City
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution:
Insman Hosp
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jasper
 (c) City or town Jasper
 (If outside city or town limits, write RURAL)
 (d) Street No. _____
 (If rural give location) _____
 Yes or No Y
 (e) Citizen of foreign country? _____
 If yes, name country _____

3(a) FULL NAME Charles R. Erwin
 3 (b) If veteran, name war _____ 3 (c) Social Security 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.

MEDICAL CERTIFICATION
 20. Date of death: Month 17th day April year 1942 hour 12:30 minute PM
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Pneumonia

7. Birth date of deceased April - 11 - 1942
 (Month) (Day) (Year)
 8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
 9. Birthplace Wyanadotte Okla
 (City, town, or country) (State or foreign country)
 10. Usual occupation Child

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name S. W. Erwin
 13. Birthplace Mo
 (City, town, or country) (State or foreign country)
 14. Maiden name Marie Smith
 15. Birthplace Mo.
 (City, town, or country) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy _____

16. (a) Informant's own signature Sherman Erwin
 (b) Address Wyanadotte Okla
 17 (a) Burial (b) Date thereof 4/19/1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place; burial or cremation Fairland, Okla.
 Was body embalmed? Yes _____ No _____
 Signature of embalmer J. Decker

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) _____

18. (a) Signature of funeral director W. J. ...
 (b) Address Wyanadotte
 19 (a) 4-20-42 (b) Arthur ...
 (Date received local registrar) (Registrar's signature)

23. Signature W. B. Bernard (M.D. or other) _____
 Address Seneca Mo Date signed 4/17/42

MOTHER FATHER

42-4-467

EX 1

10/16/67

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14607

Registration District No.

Primary Registration District No. 2002

Registrar's No.

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: Freeman Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Charles R. Erwin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced 8
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Apr - 11 - 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr Day 17 Year 1942 hour _____ minute 30 P. M.

21. I hereby certify that I attended the deceased from _____ 19____;
_____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death lobar pneumonia Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

108

