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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. _____
Registrar's No. 149

Registration District No. 411 Primary Registration District No. #2002

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin City

(c) Name of hospital or institution: 1901 Virginia

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 20 da.

In this community 1 mo. 20 da.

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin

(d) Street No. 1901 Virginia

(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Paul Ray Herron

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month April day 13th
year 1942 hour 8:00 minute A M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, single

21. I hereby certify that I attended the deceased from 4-3-42 to 4-13-42, 1942
that I last saw him alive on 4-11-42, 1942
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 24, 1942
(Month) (Day) (Year)

Immediate cause of death: Bronchopneumonia - 10 Day

8. AGE:	Years	Months	Days	If less than one day
	0	1	20	hr. _____ min. _____

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 158

10. Usual occupation Infant

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Floyd Herron

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

14. Maiden name Viola Morgan

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

16. (a) Informant Floyd Herron

(b) Address 1901 Virginia, Joplin, Mo.

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 4-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

(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 _____

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address Joplin, Missouri

23. Signature [Signature] (M. D. or other) _____

Address Joplin Mo. Date signed 4/14/42

19. (a) 4-14-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 Jasper, 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.