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

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:
2220 Virginia /
(If not in hospital or institution, write street number or location)

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

In this community 20 Yrs
(Specify whether 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. 2220 Virginia
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Lafayette Deal

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, widowed

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive 18 years
(Month) (Day) (Year)

7. Birth date of deceased March 18 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>4</u>	<u>7</u>	<u>7</u> hr. <u>.....</u> min.

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER

12. Name Daniel Deal

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

14. Maiden name Martha Settles

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

16. (a) Informant Frank Deal

(b) Address 2220 Virginia

17. (a) Removal (b) Date thereof 7-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humboldt Kansas

18. (a) Signature of funeral director Parker Hunsaker

(b) Address 1502 Joplin

19. (a) 8-3-42 (b) Gertie Sudhalter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1942 hour 9 minute 30P M.

21. I hereby certify that I attended the deceased from July 22 1942 to July 25 1942
that I last saw him alive on July 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Bronchial Pneumonia 3 days

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 K. A. Mahoney (M. D. or other) DO.
Address Joplin Mo Date signed 7/27/42

42-7-648

2008

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 Gap in 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.