V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1942

27402

State File No. 342

Registration District No. 156 Primary Registration District No. 2001 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: 622 Byers. / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 32 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper. 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2 5
(d) Street No. 622 Byers. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Benjamin F. Crain

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 Married

6. (b) Name of husband or wife Foy

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July (Month) 17 (Day) 1878 (Year)

8. AGE: Years 64 Months 0 Days 29 If less than one day hr. min.

9. Birthplace Pickneyville (City, town, or county) Ill. / (State or foreign country)

10. Usual occupation

11. Industry or business Retired Shoe Repair

FATHER
12. Name James Crain
13. Birthplace (City, town, or county) Ill / (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record - (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Foy Crain
(b) Address 622 Byers St. Joplin, MO

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 8-18-42 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Columbus Kansas

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Missouri

19. (a) 8-17-42 (Date received local registrar) (b) Gertrude Sudhoeltes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1942 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from May 9, 1942 to Aug. 16, 1942 that I last saw him alive on Aug. 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to Hemiplegia

Due to

Other conditions Cancer of prostate. (Include pregnancy within 3 months of death)

Major findings:
Of operations 51 b
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)
(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 9

23. Signature Dr. E. W. Weygandt ~~(M. D. or other)~~ DO.
Address 719-20 Frisco Bldg Date signed 8/17/42

1204

(Licensed Embalmer's Statement on Reverse Side)

42-8-735

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 Cecil A. Mansfield

Licensed Embalmer No. 3590

P. O. Address Joplin, Missouri

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.