

FILED SEP 11 1942

27-27454

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 327

State of Oklahoma 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)
 (c) Name of hospital or institution: Sheeman
 (If not in hospital or institution write street number and location)
 (d) Length of stay: In hospital or institution 2 Days
 (Specify whether

In this community 43 yrs
 years, months or days3 (a) FULL NAME Ray Wilcox Service3 (b) If veteran, name war World War I 3 (c) Social Security4. Sex Male race White 5. Color or 6 (a) Single, widowed, married divorced
 6 (b) Name of husband or wife Melaine Service 6 (c) Age of husband or wife, if alive 56 years.7. Birth date of deceased Jan 17, 1895
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day
47 hr. min.9. Birthplace Stockton, Missouri
 (City, town, or country) (State or foreign country)10. Usual occupation Welder, Travel Agent

11. Industry or business

12. Name Ray Service13. Birthplace No Record 9
 (City, town, or country) (State or foreign country)14. Maiden name Catherine Service15. Birthplace St. Thomas, Mississippi
 (City, town, or country) (State or foreign country)16. (a) Informant's own signature Catherine Service(b) Address Rt. 2 Joplin17 (a) Funeral (b) Date thereof Aug 6, 1942
 (Month) (Day) (Year)(c) Place; burial or cremation Jackson CemeteryWas body embalmed? Yes No 847Signature of embalmer W. R. Mart18. (a) Signature of funeral director W. R. Mart(b) Address Miami, Okla19 (a) 8-7-42 (b) Hector Dushoff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Delaware
 (c) City or town Rt. 1 - Baxter Spgs, Kan
 (If outside city or town limits, write RURAL)
 (d) Street No. ✓
 (If rural give location)
 (e) Citizen of foreign country ✓
 If yes, name country 2

MEDICAL CERTIFICATION

20. Date of death: Month Aug day 4th
 year 1942 hour 11:30 minute A.M.21. I hereby certify that I attended the deceased from
8-2- 1942 to 8-4- 1942that I last saw him alive on 8-3- 1942
 and that death occurred on the date and hour stated above.Immediate cause of death Intestinal Volvulus 7-28-42

Due to

Due to 122 ft

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operationsOf autopsy Intestinal Volvulus22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 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)23. Signature [Signature] (M.D. or other)
 Address Joplin, Mo Date signed 8-4-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

1204

42.8.721

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