

FILED NOV 12 1942

Registration District No. 756

Primary Registration District No. 2001

49  
529  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin, Mo.  
(c) Name of hospital or institution: Freeman O Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days (Specify whether  
In this community 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald  
(c) City or town Lanagan (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ / \_\_\_\_\_ years.

8. (a) PRINT FULL NAME PAUL RANDALL ELKINS

8. (b) If veteran, name war none 8. (c) Social Security No. none

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

7. Birth date of deceased Dec 3 1941 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 10 18 hr. \_\_\_\_\_ min.

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

10. Usual occupation none

11. Industry or business none

12. Name John Elkins

18. Birthplace Stella, Mo (City, town, or county) (State or foreign country)

14. Maiden name Pauline Jones

16. Birthplace Potosi, Mo (City, town, or county) (State or foreign country)

16. (a) Informant John Elkins  
(b) Address Lanagan, Mo.

17. (a) Burial (b) Date thereof Nov 29, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lanagan, Mo.

18. (a) Signature of funeral director John J. Funeral Home  
(b) Address Anderson, Mo.

19. (a) 10-26-42 (b) Estimote Southette (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 12 year 1942 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from 10 Oct - 17 1942 to 10-21 1942 that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumococic Meningitis Duration 4d

Due to Polio ?

Due to Pneumococic Meningitis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 8/12

Of autopsy \_\_\_\_\_

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 John Elkins (M. D. or other) \_\_\_\_\_  
Address Joplin, Mo Date signed 10-24-42

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 me

Registered Apprentice No. ~~9819~~

working under my personal supervision.

Signed Richard E. Cheatham

Licensed Embalmer No. 9819

P. O. Address Anderson Ms

**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, above space should be left blank.**