

V. S. No. 2
50M-9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Missouri State Board of Health
133990-42

37281

FILED DEC 11 1942 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 518

1. PLACE OF DEATH:

(a) County Joplin Jasper

(b) City or town JOPLIN

(c) Name of hospital or institution: O Greenman Hosp.

(d) Length of stay: In hospital or institution 4 (Specify whether years, months or days)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County McDonald

(c) City or town Lanagan (If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Paul Randall Elkins

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 single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: December 3 1941

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

9. Birthplace: Stella Mo.

10. Usual occupation Baby

11. Industry or business _____

MOTHER FATHER

12. Name John Elkins

13. Birthplace Stella Mo.

14. Maiden name Pauline Jones

15. Birthplace Poteau Okla.

16. (a) Informant Mrs Jones (Mother)

(b) Address _____

17. (a) Burial (b) Date thereof 10-23-42

(c) Place: burial or cremation Anderson Mo.

18. (a) Signature of funeral director H.E. Cleason

(b) Address Anderson Mo.

19. (a) 11-11-42 (b) Gertrude Suedhoffs

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1942 hour 4 minute 30 p.m.

21. I hereby certify that I attended the deceased from Oct 17 1942, to Oct 21 1942

that I last saw him alive on Oct 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to John pneumonia (ruptured)

Due to _____

Other conditions (Include pregnancy within 3 months of death) 168

Major findings: Of operations _____

Of autopsy _____

Duration

2w

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 D

Signature John Elkins (M. D. or other) MD

Address Joplin Mo Date signed 10/23/42

1204 (Licensed Embalmer's Statement on Reverse Side)

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

49
522

42-11-990

S-33990 1942

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 md
....., Registered Apprentice No.
working under my personal supervision.

Signed Richard E. Cheatham X

Licensed Embalmer No. 9813 Y

P. O. Address Anderson, 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.