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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37288

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 486

49
2
5

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

Johnson James

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: Freeman Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49 2
(c) City or town Joplin 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1321 Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Fredrick G. Guppy

3. (b) If veteran, name war * * *

3. (c) Social Security No. 500-01-4731

4. Sex Male

5. Color or race 0 W

6. (a) Single, widowed, married, divorced 1 married

6. (b) Name of husband or wife Lillie

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased November 5, 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Chicago Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Piano technician

11. Industry or business

FATHER
12. Name F. W. Guppy
13. Birthplace England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily Billinger
15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lillian Guppy
(b) Address 1415 Valley, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-42
(Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.

19. (a) 11-6-42 (Date received local registrar) (b) Gertrude Sredhoeter (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4
year 1942 hour 8 minute 23 a.M.

21. I hereby certify that I attended the deceased from ..... 19.. to ..... 19..
that I last saw him alive on Did not see him alive
and that death occurred on the date and hour stated above.

Immediate cause of death Basal fracture of skull

Due to fall on concrete floor

Due to from blow on face

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 168
Of autopsy Skull fracture

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) Homicide
(b) Date of occurrence Oct. 28, 1942
(c) Where did injury occur? Joplin Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in restaurant
(Specify type of place)
While at work? (e) Means of injury Hand

23. Signature R. W. Webster (M. D. or other) Coroner
Address Carthage, Mo. Date signed Nov 5 '42

(Licensed Embalmer's Statement on Reverse Side)

42-11-950

FEB 10 1943

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 Perry L. Hulbert

Licensed Embalmer No. 959

P. O. Address Joplin 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.