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of 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 631

49
522
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

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

In this community 71 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 424 S. Cox
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Charles Stinnett

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

3. (c) Social Security No. ***

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Maye Stinnett

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 20, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>-</u>	<u>5</u>	_____hr. _____min.

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

10. Usual occupation Retired

11. Industry or business Stationary Engineer

12. Name Geo. I. Stinnett

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Jane Redinga

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant R. L. Burkard

(b) Address 424 So Cox Ave.

17. (a) Burial (b) Date thereof 1-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Mo.

19. (a) 1-26-43 (b) Arthur D. Schaeffer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25
year 1943 hour 2 minute 30 AM.

21. I hereby certify that I attended the deceased from Jan 15, 1943, to Jan 25, 1943
that I last saw him alive on Jan 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder & Prostate

Due to _____

Due to _____

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

Major findings:
Of operations _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature C. E. Coates (M. D. or other) _____
Address 306 Grace Rd Date signed 1-26-43

1204

(Licensed Embalmer's Statement on Reverse Side)

43-1-76

FEB 23 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 *Henry K. Hurlbert*
Licensed Embalmer No. *95-9*
P. O. Address *John Lee*

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.