S. No. 2
M—5-42
5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6604

State File No. .....

FILED MAR 13 1943

Registration District No. 755 Primary Registration District No. 5578 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - Joplin Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Joplin - R#1
(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 2 yrs

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. R#1
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Oliver L. Harrell

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 Married

6. (b) Name of husband or wife Clara Mae Harrell 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan (Month) 16 (Day) 1869 (Year)

8. AGE: Years 74 Months 1 Days 0 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business Telegraph Operator

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Clara Mae Harrell

(b) Address Rt. 1 Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Dixon Mo.

18. (a) Signature of funeral director Neff City Undt Co

(b) Address Neff City Mo.

19. (a) Feb. 13 1943 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12th year 1943 hour 9 minute a.m.

21. I hereby certify that I attended the deceased from 2-8, 1943, to 2-8, 1943, that I last saw him alive on 2-8, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration .....

Due to Hypertension

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. M. Vance (M.D. or other) D.O.

Address Carterville, Mo. Date signed 2-13-43

(Licensed Embalmer's Statement on Reverse Side)

43-2-177

242.40

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 Myself,

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clayton M Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City 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.