

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10597

FILED MAR 29 1943

State File No.

Registration District No. 136

Primary Registration District No. 2001

Registrar's No. 145

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. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 3 weeks
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. 2641 E. 7th Street.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arnold Wayne Vernatti

3. (b) If veteran, name war none 3. (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 February 13, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 hr. min.

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

10. Usual occupation Infant

11. Industry or business

12. Name ~~John E. Taylor~~ 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Geraldine Vernatti

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

16. (a) Informant Mrs. Ruby Vernatti

(b) Address 2641 E. 7th St., Joplin, Mo.

17. (a) ~~XXXXX~~ Removal (b) Date thereof March 10, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairland, Okla.

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Missouri

19. (a) 3-10-43 (b) Gustave Sudhoffer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 7, day year 1943 hour 4:50 minute P M.

21. I hereby certify that I attended the deceased from Mar 7/43
19 to Mar 7, 1943
that I last saw him alive on Mar 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (1 day)

Due to
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?

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

23. Signature J. Schaefer (M. D. or other) Date signed 3/9/43

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

5-2-19

49
2
3

1204

43-3-247

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.....

David Hillon

Licensed Embalmer No.

3898

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 100-97
Registrar's No. 140

Registration District No. 156 Primary Registration District No. 2001

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Arnold W. Vernette

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex m Color or race w 6. (a) Single, widowed, married, divorced s

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

7. Birth date of deceased Feb 13 (Month) (Day) (Year)

8. AGE: Years Months Days (If less than one day min.)

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

10. Usual occupation

11. Industry of business

MOTHER FATHER { 12. Name. 13. Birthplace (City, town, or county) (State or foreign country) 14. Maiden name 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) (c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County (c) City or town (If outside city or town limits, write "RURAL") (d) Street No. (If rural, give location) (e) Citizen of foreign country? (Yes or No) If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 year 1943 hour 10 minute M.

21. I hereby certify that I attended the deceased from that I saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death Bronchitis pneumonia

Due to gastro-enteritis (?) possibly, electrolyte condition 3 days

Other conditions (Include pregnancy within 3 months of death) 1190

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?

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

23. Signature J. P. Chenoweth (M. D. or other) Address Jordan mo Date signed 4/30/43

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

SUPPLEMENTARY

