

S. No. 2
M-5-42
7-5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10609

State File No.

FILED MAR 29 1943

Primary Registration District No. 2001

Registrar's No. 162

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(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 Unknown Baby

3. (b) If veteran, name war No

3. (c) Social Security No No

4. Sex Not Determined

5. Color of race W

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

6. (b) Name of husband or wife -----

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

7. Birth date of deceased No record March 1943
(Month) (Day) (Year)

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

no record

9. Birthplace No record 9
(City, town, or county) (State or foreign country)

10. Usual occupation -----

11. Industry or business -----

MOTHER FATHER {

12. Name No record

13. Birthplace No record 9
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Neighbors

(b) Address Joplin Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3-15th 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview cemetery.

18. (a) Signature of funeral director Shurland and Co

(b) Address Joplin Mo

19. (a) 3-17-43 (Date received local registrar)

(b) G. H. Underwood (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Unknown County 49

(c) City or town ----- (If outside city or town limits, write "RURAL") 3

(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 March day 11 year 1943 hour ----- minute ----- M.

21. I hereby certify that I attended the deceased from ----- to ----- 19-----; that I last saw ----- alive on ----- 19-----; and that death occurred on the date and hour stated above.

Immediate cause of death Head chest left arm of New Four bette delivered to County home by dog roaming the country

Due to No means of knowing sex

Other condition (Include pregnancy within 3 months of death) -----

Major findings of operations -----

Of autopsy -----

Duration of New Four bette delivered to County home by dog roaming the country

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? -----

23. Signature P. N. Webster (M. or other) -----

Address Carthage Mo Date -----

43-3-234

3 10

no record of death

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.....

not embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed *Ray C. Herbert*

Licensed Embalmer No. *95-9*

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.