

S. No. 2
4-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14542

FILED MAY 13 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 252

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 Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)

In this community 2 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. 122 1/2 Main
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Francis Egan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex fem

5. Color or race white

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

6. (b) Name of husband or wife James Egan

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec: 1 7 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days 22
If less than one day hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business _____

MOTHER FATHER { 12. Name John O'Keith

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Walsh

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant James Egan

(b) Address 122 1/2 Main Joplin Mo.

17. (a) removal (b) Date thereof 5 1 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director Parker Hunsaker

(b) Address 1502 Joplin St. Joplin Mo

19. (a) 5-1-43 (b) Hertude Dushak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1943 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from March 29
1943 to Apr 6 1943.

that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Mets. static carcinoma of sigmoid and adjacent structures.
Duration Known

Due to _____

Due to _____

Other conditions H&L
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Positive Mass. absent involving sigmoid and left abdominal wall.

22. If death was due to external causes, fill in the following: no

(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 A. L. Crawford (M. D. or other) _____
Address Joplin Mo Date signed 4-30-43

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

49
522

19
2
5

Duration

PHYSICIAN

Underline the cause to which death should be attributed.

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 F. M. Jones

Licensed Embalmer No. 2319

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.