

FILED APR 20 1943

Registration District No. **156**

Primary Registration District No. **2001**

1. PLACE OF DEATH:

(a) County **NEWTON**
(b) City or town **JOPLIN**
(c) Name of hospital or institution **3935 Indiana**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **NEWTON**
(c) City or town **JOPLIN**
(If outside city or town limits, write "RURAL")
(d) Street No. **3935 Indiana**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **INFANT CHARLIS**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **0**

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

7. Birth date of deceased **APRIL 14 42**
(Month) (Day) (Year)

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

9. Birthplace **JOPLIN Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **BASIL CARRISK**

13. Birthplace **Shelby Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **WILMA DEAN URRY**

15. Birthplace **Ocala, Fla**
(City, town, or county) (State or foreign country)

16. (a) Informant **E B CURRY**

(b) Address **SENECA # 170 RR # 2**

17. (a) **BURIAL** (b) Date thereof **4-15-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Funeral Home**

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **4-15-43** (b) **Arthur D. Schmitt**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **14**
year **1943** hour **5:30** minute _____ P. M.

21. I hereby certify that I attended the deceased from **9:49 A.M.**
APRIL 14 19**43**, to **5:30 P.M. 4-14-43**
that I last saw h.i.m. alive on **APRIL 14 (5:00 P.M.)** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature birth** Duration **6 1/2 mos.**

Due to **Premature labor,**

Due to **Cause unknown**

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

Major findings: **159**
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)

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 **Arthur D. Schmitt** (M.D. or other) **D.O.**

Address **Joplin Mo** Date signed **4-15-43**

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

MOTHER FATHER

Date Received APR 26 1943
File no. 443-67

APR 28 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 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.