

FILED MAY 27 1945  
Registration District No. 2001

Primary Registration District No. 2001

Registrar's No. 261

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

(d) Length of stay: In hospital or institution Two days  
(Specify whether In this community 5 year 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. 906 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 Ernest B. Hisle

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 W 2

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

7. Birth date of deceased April 11 1876  
(Month) (Day) (Year)

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

67 26 hr. min.

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

10. Usual occupation Kitchen help

11. Industry or business Wilders Capt.

12. Name J. P. Hisle

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Jessie Moore (Daughter)

(b) Address 918 Wall Joplin

17. (a) Neurosis (b) Date thereof 5 10 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg-Kans

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address Joplin Mo

19. (a) 5-8-43 (b) Vertina Sudholter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th  
year 1943 hour 4:00 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 4 1943 to May 7 1943  
that I last saw him alive on May 6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 3 days

Due to Senility.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 8301

Major findings: Of operations none

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) (M. D. or other)

23. Signature [Signature] Address Joplin Mo Date signed 5/8/43

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

512

at

43-5-444

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.