No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18517

Registration District No. 246 — Primary Registration District No. 2001 — Registrar's No. 306

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Joplin - (Rural delivery) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4402 Virginia Avenue 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Joplin (Rural delivery) (If outside city or town limits, write "RURAL")

(d) Street No. 4402 Virginia (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Joel White Follis

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

4. Sex Male D — 5. Color or race White — 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E. Follis — 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Mar. 16, 1859 (Month) (Day) (Year)

8. AGE: Years 84 — Months 2 — Days 13 — If less than one day ..... hr. ..... min.

9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name John Follis
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Joe Follis

(b) Address Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-43 (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cemetery

18. (a) Signature of funeral director Nieman & Hutchinson

(b) Address Pierce City, Mo.

19. (a) 6-1-43 (Date received local registrar) (b) Gertrude Siedhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1943 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from May 15, 1943 to May 28, 1943 that I last saw him alive on May 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis — Duration 10 yrs

Due to: Chronic myocarditis — yrs?

Due to .....

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

Major findings: Of operations .....

Of autopsy .....

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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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Lawrence H Black (M. D.)

Address Frisco Bldg. Joplin, Mo. Date signed 5/28/43

1221

(Licensed Embalmer's Statement on Reverse Side)

Date Received JUN 7 1943
File No. 643-108

JUN 10 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

Me, Registered Apprentice No.

working under my personal supervision.

Signed Nestor O. Nuemeyer

Licensed Embalmer No. 3822

P. O. Address Pierce City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

V. S. No. 2B
0M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 2461 Primary Registration District No. 2001 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Joplin (Rural Del.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4402 Virginia Ave.
(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)
In this community

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

3. (a) PRINT FULL NAME Joel White Tollis
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 M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. 16 1859 (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days If less than one day hr. min.

9. Birthplace Ill (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or 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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-18517