

No. 2
-5-42
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25221

JUL 26 1943
Registration District No. 156

Primary Registration District No. 2001

State File No.
Registrar's No. 372

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

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs 40 minutes
(Specify whether lifetime)
In this community lifetime
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. 2211 West 1st St
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Jerry Lee Corp

3. (b) If 0 veteran, name war 0 3. (c) Social Security No. 0

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if 0 alive 0 years
7. Birth date of deceased: Feb 18 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 15 0 hr. min.

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

10. Usual occupation Infant

11. Industry or business Infant

12. Name Chester H. Corp

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

14. Maiden name Alice Young

15. Birthplace West Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Chester Corp

(b) Address 2211 West 1st St

17. (a) Burial (b) Date thereof 7-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hairview Park

18. (a) Signature of funeral director Hambill Dillon

(b) Address 4th & Maple St

19. (a) 7-6-43 (b) Glenn D. Sudhalter
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd
year 1943 hour 4 minute 10 P M.

21. I hereby certify that I attended the deceased from 7/2/43
1943 to 7/3/43 1943;
that I last saw him in alive on 7/3/43 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary
Empysem

Due to 122 ft

Other conditions interception
(Exclude pregnancy within 3 months of death)
interception, delay duration

Major findings: interception as
Of operations above stated
Of autopsy none

Duration
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? 0

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature R. C. ... (M.D. or other)
Address 304 Frisco Bldg Joplin Mo Date signed 7/7/43

1204

43-7-583

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 Don Tetrick

Licensed Embalmer No. 4008

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.