. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25234

State File No. .....

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 426

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:
1713 West B. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 2

(c) City or town Joplin 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1713 W. B.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Luther Edward Friend

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W 0

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Jan. (Month) 6 (Day) 1901 (Year)

8. AGE:

Years	Months	Days	If less than one day
42	6	22	..... hr. ..... min.

9. Birthplace Goodman (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Photographer

11. Industry or business .....

FATHER
12. Name John Friend
13. Birthplace Clay Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Mary Cox
15. Birthplace Unknown (City, town, or county) Ind. / (State or foreign country)

16. (a) Informant Mary Friend
(b) Address 1713 West B.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/43 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri

19. (a) 7-30-43 (Date received local registrar) (b) Gertrude Dudhoeffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1943 hour 9 minute a. M.

21. I hereby certify that I attended the deceased from July 15, 1943, to ....., 19..., that I last saw him alive on July 26, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death St. Middle Labor Pneumonia	
Due to	
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 0

23. Signature A. L. Crawford (M. D. ~~or other~~)

Address 631 Friso Bldg. Joplin Mo. Date signed 7-29-43

1204 (Licensed Embalmer's Statement on Reverse Side)

43-7-684

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.