

SEP 13 1943 156

Registration District No.

Primary Registration District No. 2001

465

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. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Jack Karnes

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Karnes 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 22, 1915
(Month) (Day) (Year)

8. AGE: Years 28 Months 1 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Stone County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Karnes
13. Birthplace Berryville, Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Jane Stanley
15. Birthplace Berryville, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Karnes
(b) Address Douthat, Oklahoma

17. (a) Removal (b) Date thereof 8/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Midway, Okla.

18. (a) Signature of funeral director W. H. Adams

(b) Address W. H. Adams, Joplin, Mo.

19. (a) 8-19-43 (b) W. H. Adams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Ottawa 999
(c) City or town Douthat 37
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th
year 1943 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from 8:11:45
to 8:00 - 45, 1943
that I last saw him alive on 8/14 and that death occurred on the date and hour stated above.

Immediate cause of death Appendicitis Ruptured
General peritonitis
(Sepsis)
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration

3 wk

Major findings: Of operations 12/1/11
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) (e) Means of injury _____
23. Signature W. H. Adams (M. D. or other) _____
Address Joplin, Mo Date signed 8/19/43

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

529

43-8-189

SEP 17 1943

JUN 27 1943

JUN 27 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 *John H. D... ..*
Licensed Embalmer No. *820*
P. O. Address *Picher Okla*

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.