

28501

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

482

REGISTERED SEP 13 1943
Primary Registration District No. 2001

Primary Registration District No. 2001

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:
1313 Main St;
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town 1313 Main St;
(If outside city or town limits, write "RURAL")

(d) Street No. Joplin Mo;
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. No

3. (a) PRINT FULL NAME John Mitchell

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 25, day 43
year hour 2-30 P.M. minute M.

21. I hereby certify that I attended the deceased from Aug 25, 1943 to Aug 25, 1943
that I last saw him alive on Aug. 25, 1943
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced no record

6. (b) Name of husband or wife no record

6. (c) Age of husband or wife if alive no record years

7. Birth date of deceased About 67, no record
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage and heart prostration
Duration

8. AGE: Years Months Days If less than one day
about 67 hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

1943

9. Birthplace No record
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

MOTHER FATHER

12. Name No record

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant H. Hurlbut

(b) Address 212 Joplin St; Joplin Mo;

17. (a) Burial (b) Date thereof 8-26-43;
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery;

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 122

(b) Date of occurrence

(c) Where did injury occur? Joplin Mo;
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 8-26-43 (b) H. Hurlbut
(Date received local registrar) (Signature)

While at work? No (Specify type of place) (c) Means of injury

23. Signature Charles E. Coats (M. D. or other)
Address Evansville Mo; Date signed 8-26-43

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

No. 2
1-2-43
5-17-39
I X356

19

19

MOTHER FATHER

122

43-8-754

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 Perry K. Hundert

Licensed Embalmer No. 959

P. O. Address Gaslin Mo.

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

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