

S. No. 2
OM-243
v. 1-17-39
X3547

28534

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

REGISTRATION DISTRICT NO. 756

Primary Registration District No. 2001

Registrar's No. 488

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:
308 North Mc-Coy Ave;
(If not in hospital or institution, give street number or location)

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

In this community 3 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo; (b) County Jasper

(c) City or town 308 Mc-Coy Ave;
(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 Jackie Dean Wierman

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 28, day 1943;
year _____ hour 2-00 P.M. minute _____ M.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years _____ months _____ days

7. Birth date of deceased Aug. 3, 1943.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 3, 1943, to Aug. 28, 1943.
that I last saw him alive on Aug. 28, 1943.
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>25</u>	hr. _____ min.

Immediate cause of death Cholera Infantum

Duration 5 days.

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

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 1192

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name No record

13. Birthplace no record (State or foreign country) 9

14. Maiden name Mary Wierman;

15. Birthplace Joplin Mo; (State or foreign country) 0

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant J. O. Wierman

(b) Address 308 North McCoy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-43;
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview cemetery.

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

(b) Address Joplin Mo;

19. (a) 8-30-43 (b) Arthur Sudholter
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) D.O.
Address 1702 Joplin St., Joplin, Mo Date signed 8-28-43.

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

Wierman Jackie Dean 1702 Joplin St. Joplin Mo

1204

(Licensed Embalmer's Statement on Reverse Side)

43-8-769 / 11

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

Raymond A. Schubert

Licensed Embalmer No.

98-9

P. O. Address

Josephine Hill

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.