

No. 2
M-2-43
5-17-39
X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38480**
Registrar's No. **612**

FILED DEC 10 1943
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: **St. John's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **In hospital or institution 4 Days**
41 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Newton**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 2, Joplin**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John J. Tolbeck**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **1**
year **1943** hour **4:10 A.** Minute _____ M.
21. I hereby certify that I attended the deceased from **10-28**, 19**43**, to **Nov 11 1943**
that I last saw him alive on **10-31-43**, 19**43**
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 **Married**
6. (b) Name of husband or wife **Lottie Tolbeck**
6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **July 4, 1867**
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage
Due to **Hypertension**
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **g3a**
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years **76** Months **3** Days **27**
If less than one day _____ hr. _____ min.

9. Birthplace **Cholara Belgium**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

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)

16. (a) Informant **Lottie Tolbeck**

(b) Address **Route 2, Joplin Mo;**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 4, 43**
(Month) (Day) (Year)

(c) Place: burial or cremation **100F. Cem. Neosho Mo**

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

(b) Address **Joplin, Missouri**

19. (a) **11-4-43** (Date received local registrar) (b) **Gertude Sudhally** (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 _____
Signature **Justine** (M. D. or other) _____
Address **Joplin Mo** Date signed **11/4/43**

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

19
2
5

1207

48-11-963

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

Terry K. Dierbeck

Licensed Embalmer No. *959*

P. O. Address *Josephine Ave*

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.