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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42686

State File No. \_\_\_\_\_

FILED JAN 3 1944  
Registration District No. 136

Primary Registration District No. 2001

Registrar's No. 670

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

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: 902 N. Sergeant Ave.  
(d) Length of stay: In hospital or institution 65 years.  
In this community 65 years.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(d) Street No. 902 N. Sergeant Ave.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME JOSEPH K. WINGERT

MEDICAL CERTIFICATION

3. (b) If veteran, name war none (c) Social Security No. none

20. DATE OF DEATH: Month Dec. day 4, 1943  
year 1943 hour 11:55 minute A. M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Edith Wingert 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased January 11, 1859

21. I hereby certify that I attended the deceased from December 3, 1943 to Dec 4, 1943  
that I last saw him alive on Dec 4, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 10 Days 24

Immediate cause of death: Cerebral hemorrhage  
Myocarditis

9. Birthplace Wellersburg, Penn.

Other conditions: none of 2el  
Major findings: none

10. Usual occupation Pres. Joplin Foundry Co.

11. Industry or business Foundry

12. Name Jeriniah Wingert

13. Birthplace Wellersville, Penn.

14. Maiden name Mary Weller

15. Birthplace Wellersville, Penn.

16. (a) Informant Mrs. Edith Wingert

(b) Address 902 N. Sergt., Joplin, Mo.

17. (a) Burial (b) Date thereof Dec. 7, 1943

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Thornhill-Dillon Mor

(b) Address Joplin, Missouri

19. (a) 12-8-43 (b) [Signature]

Physician: [Signature]  
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) no  
(b) Date of occurrence

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

23. Signature [Signature] (Specify type of poison) (e) [Signature]

Address [Signature] Date signed [Signature]

43-12-1017

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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..... *David Dillon* .....

Licensed Embalmer No..... *3898* .....

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.