

11247

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

FILED APR 12 1944

1. PLACE OF DEATH

(a) County Jasper Registration District No. 156
(b) Township _____ Primary Registration District No. 2001 Registered No. 167 998
(c) City Joplin (d) Street No. 451 Johns Hospital, Joplin, Mo. 14
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 0

2. PRINT FULL NAME

ARTHUR JAMES KANG, JR.
(a) Residence, No. Baxter Springs, Kans. St. (If nonresident, give city or town and State) Mo
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE OW 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-1944

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— — — 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo.

FATHER 13. NAME A. J. Kane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baxter Springs, Kans.

MOTHER 15. MAIDEN NAME Mary E. O'Donnell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo.

17. INFORMANT (ADDRESS) Father Baxter Springs, Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Baxter DATE 3-30-44

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Harvey's Baxter Springs, Mo.

20. FILED 3-29-44 Arthur D. Duckholter Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19__

22. I HEREBY CERTIFY, That I attended deceased from 3-22, 1944, to 3-28, 1944

I last saw h. i. m. alive on 3-27, 1944 Death is said to have occurred on the date stated above, at 3:55 m.

The principal cause of death and related causes of importance were as follows:

Spina Bifida
1578
Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NR

If so, specify _____

(Signed) J. B. Bogain, M. D.

(Address) Baxter Springs, Kans.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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2
5

44-8-274

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.