

FILED MAR 27 1944
Registration District No. 258

Primary Registration District No. 2001

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

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: 2131 N. St. Louis Ave; /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 52 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 2131 N. St. Louis Ave;
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME James W. Page

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-11-44 day _____
year _____ hour 8-40 P.M. minute _____ M.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Anna Page

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

7. Birth date of deceased Oct 14, 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Meht 1 - 44 to Meht 11 44
1944 to Meht 8 44
1944

that I last saw him alive on Meht 8 44
and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 4 Days 26
If less than one day _____ hr. _____ min.

Immediate cause of death Atherosclerosis

Due to arterio sclerosis 3 yrs

Due to _____

Other conditions 97
(Include pregnancy within 3 months of death)

9. Birthplace Rock Island Ill;
(City, town, or county) (State or foreign country)

10. Usual occupation Retired assessor

11. Industry or business Police Judge

12. Name Charles M. Page

13. Birthplace England,
(City, town, or county) (State or foreign country)

14. Maiden name Polite Piecroft

15. Birthplace England,
(City, town, or county) (State or foreign country)

16. (a) Informant C.E. Page

(b) Address 2424 N. Midler St; Joplin Mo;

17. (a) Removal
(Burial, cremation, or removal) (b) Date thereof 3-13-44
(Month) (Day) (Year)

(c) Place: burial or cremation Muscatine Iowa

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

(b) Address Joplin Mo;

19. (a) 3-13-44
(Date received local registrar) (b) Guttridge
(Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

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) _____

(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? _____

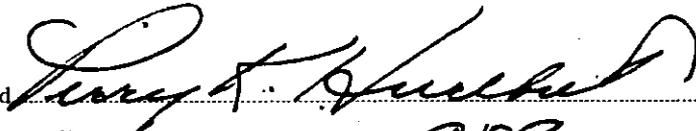
While at work? _____ (Specify type of place)
Means of injury _____

23. Signature Guttridge (M. D. or other) _____
Address Joplin Mo Date signed 3/13/44

44-3-246

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. 959
P. O. Address Oppler 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.