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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

Registration District No. 136

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2-001558 1

State File No. 11280

Registrar's No. 129

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Rural, Galena Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lone Elm, R.F.D. # 3 Joplin (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 58

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Lone Elm (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country: 0

49
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3. (a) PRINT FULL NAME: Charles Newton Van Scoyk
3. (b) If veteran, name war: unknown
3. (c) Social Security No. 499-10-7238
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Lucy Van Scoyk
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: May 10, 1885 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	9	22	hr. ____ min.

9. Birthplace: Joplin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: mine hoisterman
11. Industry or business:
FATHER 12. Name: John Van Scoyk
FATHER 13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: Gladys McCullenn
MOTHER 15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs. Lucy Van Scoyk
(b) Address: R.F.D. # 3, Joplin, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3/4/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cemetery
18. (a) Signature of funeral director: PARKER-HUNSAKER
(b) Address: 1502 Joplin, Joplin, Mo.
19. (a) 3-4-44 (Date received local registrar) (b) Gertrude Sudhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1944 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from 10-21-1943 to 3-2-1944 that I last saw h. alive on 2-27-1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis — Duration
Due to: Chronic myocarditis
Due to:
Other conditions (Include pregnancy within 3 months of death): 9
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Ed D. James (M. D. or other)
Address: Joplin Mo. Date signed: 3-3-44

(Licensed Embalmer's Statement on Reverse Side)

44-8-234

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 F. M. Jones

Licensed Embalmer No. 2319

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.