S. No. 2
DM—2-43
v. 5-17-39
P-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14873

FILED APR 26 1944

Registration District No. 1306 Primary Registration District No. 2001 Registrar's No. 175

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: Derfelt Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 31 years

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. 2230 Maiden Lane (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Harley Cash

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mrs. Fern Cash

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

7. Birth date of deceased September 10, 1910 (Month) (Day) (Year)

8. AGE: Years 33 Months 6 Days 25 If less than one day hr. min.

9. Birthplace Bentonville (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation insulation department

11. Industry or business Eagle-Picher Lead Co.

MOTHER FATHER

12. Name James Cash

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

14. Maiden name Mary Davis

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

16. (a) Informant Mrs. Fern Cash

(b) Address 2230 Maiden Lane, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/44 (Month) (Day) (Year)

(c) Place: burial or cremation Bentonville, Arkansas

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 4-5-44 (Date received local registrar) (b) Gertrude Sutherlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1944 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 31, 1944, to April 4, 1944, that I last saw him alive on 4-4-44, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure	Duration
Due to Cerebral Hemorrhage	
Due to Hemorrhagica Purpura	
Other conditions (Include pregnancy within 3 months of death)	

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 Dr. E. Martin (M.D. or other)

Address 211 Rd. Joplin Mo. Date signed 4-5-44

Joplin Mo.

1204

(Licensed Embalmer's Statement on Reverse Side)

44-4-325

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.