

FILED MAY 5 1944

Registration District No. 26

Primary Registration District No. 2001

Registrar's No. 202

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:  
15th and Murphy Boulevard  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 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. 1309 Illinois Avenue (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 1944 hour 9<sup>00</sup> minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_  
that I last saw him did not see him close  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 94a  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (By means of injury)

23. Signature: P. H. Hunsaker (M. D. or other)  
Address: Carthage Mo Date: Apr 18 1944

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Clyde W. Rawlinson

3. (b) If veteran, name war unknown 3. (c) Social Security No. unknown

4. Sex male S. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cossette Rawlinson 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased: September 26, 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 6 23 hr. min.

9. Birthplace: Wilson county Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

12. Name Thomas Rawlinson

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

14. Maiden name Lucy Farris

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

16. (a) Informant Mrs. Cossette Rawlinson

(b) Address 1309 Illinois, Joplin, Missouri

17. (a) burial (b) Date thereof 4-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Valley Cemetery

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

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 4-20-44 (b) Arthur S. Hunsaker  
(Date received local registrar) (Registrar's signature)

1204

44-4-244

MAY 8 1944

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 Steve Parker

Licensed Embalmer No. 2548

P. O. Address Jefferson

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.