S. No. 2
M—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18332

FILED JUN 5 1944

Registration District No. 106 Primary Registration District No. 2001 Registrar's No. 240

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: Freeman Hospital
(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): 1 hr 4 minutes
In this community

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.: 106 N. Schifferdecker
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Daniel Victor Flaherty
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Infant
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 10 (Day) 1944 (Year)

8. AGE: Years ✓ Months ✓ Days ✓ If less than one day: 1 hr. 4 min.

9. Birthplace: Joplin (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Infant
11. Industry or business:
FATHER
12. Name: Chas V. Flaherty
13. Birthplace: Stone Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name: Lorna Elizabeth Gilbert
15. Birthplace: Joplin (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Chas V. Flaherty
(b) Address: 106 N. Schifferdecker
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Park Cem
18. (a) Signature of funeral director: Thornhill Dillon
(b) Address: Joplin Mo
19. (a) 5-12-44 (Date received local registrar) (b) Gertrude Sudhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 '44 year 1944 hour 6 minute 35 P.M.
21. I hereby certify that I attended the deceased from May 10 '44, 19..., to ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: atelectasis — Duration:
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 16 1a
Major findings:
Of operations:
Of autopsy: No

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: 0
23. Signature: [illegible] (M. D. or other)
Address: Joplin Date signed 5/12/44

124 (Licensed Embalmer's Statement on Reverse Side)

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

44-5-400

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 David Dillon

Licensed Embalmer No. 3898

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.