No. 2
M—2-43
5-17-39
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

Dr. Howard

18387

State File No.

FILED JUN 5 1944

Registration District No. 756

Primary Registration District No. 2001

Registrar's No.

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: St Johns Hospital O
(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) 2 weeks.

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Cherokee

(c) City or town: Baxter Springs
(If outside city or town limits, write "RURAL")

(d) Street No.: 1626 + Military
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Clara Pauline Shetley

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Feb. 11 (Month) 19 (Day) 44 (Year)

8. AGE: Years —; Months 3; Days 4; If less than one day hr. min.

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

10. Usual occupation: Mb.

11. Industry or business:

MOTHER FATHER

12. Name: Clifton A. Shetley

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

14. Maiden name: Velma Bayswger

15. Birthplace: mo. O (City, town, or county) (State or foreign country)

16. (a) Informant: C. A. Shetley

(b) Address: Baxter Springs Kas.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5-15-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Baxter Spgs Kas

18. (a) Signature of funeral director: Hoskins Funeral Home

(b) Address: Baxter Springs Kansas

19. (a) 5-17-44 (Date received local registrar) (b) Gertrude Suchodolski (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1944 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from 5-2-44 1944 to 5-15 1944 that I last saw him alive on 5-15-44 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Asthmatic Bronchitis	5 wks.
Due to	
Due to Bronchopneumonia + General Septicaemia	9 days
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: Walter Howard (M. D. or other)

Address: Joplin Mo Date signed 5/19/44

(Licensed Embalmer's Statement on Reverse Side)

44-5-399

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 Hoskins Funeral Home, Registered Apprentice No. ....., working under my personal supervision.

Signed J Lance Wiene

Licensed Embalmer No. 2880

P. O. Address Baxter Springs Sta

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.