S. No. 2
M—5-42
v. 5-17-39
I X32873

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

21797

State File No.

FILED JUN 28 1944

Registration District No. 28 1944 Primary Registration District No. 2001 Registrar's No. 288-A

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: 1216 Iowa (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 49 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No. 1216 Iowa. (If rural, give location) 5

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

If yes, name country No

3. (a) PRINT FULL NAME Frank O. Stogsdill

3. (b) If veteran, name war no

3. (c) Social Security No. 490-10-9378

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Neta Stogsdill

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Feb. 24, 1895 (Month) (Day) (Year)

8. AGE: Years 49 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)

10. Usual occupation barber

11. Industry or business

FATHER
12. Name George Stogsdill
13. Birthplace Brownsville Texas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Harvey
15. Birthplace Kansas. (City, town, or county) (State or foreign country)

16. (a) Informant Neta Stogsdill

(b) Address 1216 Iowa St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-44 (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cem.

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 6-8-44 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 3, day 1944. year hour 7-20 P.M. minute M.

21. I hereby certify that I attended the deceased from April 15, 1944 to June 3, 1944 that I last saw him alive on June 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Pulmonary Tuberculosis

Due to unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

13 b 1

Duration

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 Joe C. Myers M.D. (M.D. or other)

Address 708 Fuses Bldg Joplin Mo Date signed June 5-44

(Licensed Embalmer's Statement on Reverse Side)

44-6-491

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by [redacted], or by 365

Richard Gray Lewis, Registered Apprentice No.

working under my personal supervision.

Signed Terry K. Hurlbut

Licensed Embalmer No. 939

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.