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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.

FILED OCT 27 1944

Registration District No. 206

Primary Registration District No. 2001

Registrar's No. 496

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

49
699

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. John's Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 1 day (Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Sarcoxie 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Sam W. Cloud

3. (b) If veteran, name war ---

3. (c) Social Security No. ----

4. Sex M 0 5. Color or race W

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased December 23 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 9 16 hr. min.

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

10. Usual occupation clerk-retail, retired

11. Industry or business General merchandise

MOTHER FATHER { 12. Name Samuel F. Cloud

13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Lisa Haggard

15. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Elbert E. Cloud

(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof 10/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cemetery

18. (a) Signature of funeral director Roland Engelage

(b) Address Sarcoxie, Mo

19. (a) 10-9-44 (b) Arthur Sudhalter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
year 1944 hour 4:15 minute 0 .M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him did not see him alive 19;
and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound of head, through right temple

Due to 1640

Due to

Other conditions 1640
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN 1640

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) Suicide

(b) Date of occurrence Oct 9, 44

(c) Where did injury occur? Sarcoxie Jasper Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
(Specify type of place)

While at work (c) Means of injury Rifle

23. Signature R. N. Webster (M. D. or other)
Address Carthage Mo Date signed Oct 9, 44

44-10-846

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

Geo. A. Orr

Licensed Embalmer No.

946

P. O. Address

214 Vernon St.

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.