

FILED NOV 28 1944

Registration District No. 754

Primary Registration District No. 2001

Registrar's No. 531

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: 204 Winfield
(If not in hospital or institution, write street number or location)

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

In this community 28 years
years, months or days

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. 204 Winfield
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ALBERT EDWARD CELINK

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1944 hour 5 minute 9 M.

21. I hereby certify that I attended the deceased from 7-13 to 10-10, 1944
that I last saw him alive on 10-10, 1944
and that death occurred on the date and hour, stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased April 12 1882
(Month) (Day) (Year)

Immediate cause of death Cardiovascular disease with hypertension

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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

67 6 22 min.

9. Birthplace French Burg Germany
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Lock, Joint, Concrete Pipe Co.

12. Name John Celink

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

14. Maiden name _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Anna Celink

(b) Address 204 Winfield St Joplin Mo

17. (a) Anna (b) Date thereof 11-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation at Fairview Cem Marshall - Joplin

18. (a) Signature of funeral director John L. Crawford

(b) Address Joplin Mo

19. (a) 11-4-44 (b) John L. Crawford
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Mode 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? home
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J L Crawford M.D. (M. D. or other) _____
Address Joplin Mo Date signed 11-4-44

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

MOTHER, FATHER

1204

44-11-925

AUG 20 1945

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.