

FILED NOV 28 1944

Registration District No. 180

Primary Registration District No. 2001

State File No. ....

Registrar's No. 537

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  
(If not in hospital or institution, write street number or location) D  
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald  
(c) City or town Noel MO.  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME WILBORN JACOB PAINTER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Grace Painter 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased Nov. 6th, 1868 (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name First Name Unknown, Painter  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Artie Smith  
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant MRS. Grace Painter  
(b) Address Noel MO.  
17. (a) Burial (b) Date thereof Nov. 9-1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of Hazelwood Cemetery  
18. (a) Signature of funeral director Charles E. ...  
(b) Address Goodman Mo.  
19. (a) 11-8-44 (b) J. ... (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6 year 1944 hour 10 minute P.M.  
21. I hereby certify that I attended the deceased from Oct 12 1944 to Nov 6 1944 that I last saw him alive on Nov 6 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: anemia  
Due to: carcinoma of bladder 10 yrs  
Other conditions: 52 lbs  
(Include pregnancy within 3 months of death)

Duration

3 weeks

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?

While at work? ... (Specify type of place) (e) Means of injury ...  
23. Signature: J. ... (M. D. or other) ...  
Address: Noel MO. Date signed: Nov 10 1944

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

44-11-940

MAY 2 1947

44-11-940

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 *Marion Williams Preps*

Licensed Embalmer No. *4166*

P. O. Address *Goodman M*

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.