

FILED DEC 11 1944

Registration District No. 136

Primary Registration District No. 2001

Registrar's No. 557

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)
(d) Length of stay: In hospital or institution 45 minutes
(Specify whether years, months or days)
In this community 4 months

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")
(d) Street No. 2603 Newman
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Jackie Gene Stamper

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 single

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

7. Birth date of deceased July 31, 1944
(Month) (Day) (Year)

8. AGE: Years 0 Months 3 Days 18
If less than one day hr. min.

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

10. Usual occupation infant

11. Industry or business

12. Name Carl E. Stamper
13. Birthplace Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Ida Emmett
15. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carl E. Stamper
(b) Address 2603 Newman, Joplin, Missouri

17. (a) burial (b) Date thereof 11/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery
PARKER-HUNSAKER

18. (a) Signature of funeral director
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 11-21-44 (b) Registrar's signature
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1944 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 13
1944 to Nov 17 1944
that I last saw him alive on Nov 17 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Gastro-Intestinal
Duration

Due to

Due to

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature La C. Coats (M. D. or other)

Address Joplin mo Date signed 11-22-44

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

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

*F. M. Jones*Licensed Embalmer No. *2319*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.