

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

6361

FILED MAR 10 1945
Registration District No. 156

Primary Registration District No. 2001

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: Freeman Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 days
 In this community 40 years
 (Specify whether 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. 801 Murphy
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Richard Clarence Fallis
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-10-1384
 4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Amy Fallis
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 5, 1905
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 27
 year 1945 hour 10 minute A M.
 21. I hereby certify that I attended the deceased from February 15, 1945 to February 27, 1945
 that I last saw him alive on February 27, 1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death Circulatory collapse
 Duration 3 days

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>0</u>	<u>22</u>	hr. _____ min. _____

Due to Chronic myocarditis, chronic hepatitis + removal of gall bladder
 Due to chronically infected gall bladder know (2-21-45)

9. Birthplace Joplin Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation cab driver
 11. Industry or business _____

Other conditions (include pregnancy within 3 months of death) 12462
 Major findings: Of operations Chronically infected gall bladder - chronic hepatitis
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name John Fallis
 13. Birthplace Joplin Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Nettie Bannister
 15. Birthplace Joplin Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amy Fallis
 (b) Address 801 Murphy, Joplin, Missouri
 17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/1/45
 (Month) (Day) (Year)
 (c) Place: burial or cremation Osborne Memorial Park

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? _____

18. (a) Signature of funeral director PARKER-HUNSAKER
 (b) Address 1502 Joplin, Joplin, Missouri
 19. (a) 3-1-45 (Date received local registrar) (b) Justus D. Dushoff (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature B. C. Hale Star (M. D. or other)
 Address Joplin Mo Date signed 3-1-45

45-2-166

AUG 23 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 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.