

S. No. 2
 M-5-43
 y. 5-17-39
 > I X36671

State File No. 13650
 Registrar's No. 155

FILED APR 25 1945

Registration District No. _____ Primary Registration District No. 2001

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

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 1 day
(Specify whether
 In this community 70 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. 228 N. Connor Avenue
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Thomas Eller
 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 5, 1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 2
 year 1945 hour 11 minute _____ P. M.
 21. I hereby certify that I attended the deceased from 4/2/45 AM
 _____, 19____, to 4/2/45 PM, 19____;
 that I last saw h. in alive on 4/2/45, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>28</u>	hr. _____ min.

Duration
 Immediate cause of death Coronary occlusion and bronchial pneumonia 12 hrs
 Due to hypertension & chronia glomerular nephritis 3 Mo.
 Due to Cardiac decompensation

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 10. Usual occupation miner
 11. Industry or business _____
 12. Name Frank Eller
 13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
 14. Maiden name Rachel Bryan
 15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy 1316
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Montie Bennett
 (b) Address 228 N. Connor, Joplin, Missouri
 17. (a) burial (b) Date thereof 4/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ozark Memorial Park
 18. (a) Signature of funeral director PARKER-HUNSAKER
 (b) Address 1502 Joplin, Joplin, Missouri
 19. (a) 4-4-45 (b) Estelita Schubalter
(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) 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 E Ernest Johnson (Date signed) 4/2/45
 Address 617 Frisco

1208

45-4-306

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. *2,319*

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.