

S. No. 2  
OM-2-43  
v. 5-17-39  
I X35697

20587

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

JUN 28 1945

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 271

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: 2512 Highview /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

In this community 20 years

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") 3

(d) Street No. 2512 Highview (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Roy Thomas French

(b) If veteran, name war No. (c) Social Security No. 499-10-1991

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 15 1943, to June 10 1945

4. Sex Male ( ) 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ada M. 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb 26 1885 (Month) (Day) (Year)

that I last saw him alive on June 9 1945 and that death occurred on the date and hour stated above.

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

60 3 15 hr. min.

Immediate cause of death Coronary occlusion Duration 3 hrs.

Due to Aortitis & Hypertension 2 yrs.

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

10. Usual occupation Carpenter

Due to 940

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Samuel French

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

14. Maiden name Nancy Shammel

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs R French

(b) Address 2512 Highview

17. (a) Removal (b) Date thereof JUN 13 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Competition Mo

18. (a) Signature of funeral director Hurlbut Und Co.

(b) Address Joplin

19. (a) 6-12-45 (b) Justine Sushalter (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) ( ) Means of injury

Signature Ernest Mitchell (M. D. or other)

Address Joplin Mo Date signed 6-12-45

1204 (Licensed Embalmer's Statement on Reverse Side)

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

Dr. Mitchell

45-6-509

JUN 14 1948

JUL 1-9 1948

JUL 27 1948

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed

*Cory K. Hulbe*  
.....  
Licensed Embalmer No. *959*  
.....  
P. O. Address *Opalin, Mo*  
.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**