

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
FILED JUL 26 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 315

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 1 week
(Specify whether

In this community 1 month
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. 207 N. Cox Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jackie Donald Milner

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

4. Sex male 5. Color or race Negro 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 August 27, 1936
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>8</u>	<u>10</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation child

11. Industry or business _____

MOTHER FATHER

12. Name Washington Milner

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

14. Maiden name Marie Woodard

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

16. (a) Informant Mrs. Offie Vann

(b) Address 207 N. Cox, Joplin, Missouri

17. (a) removal (b) Date thereof 7/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa, Oklahoma

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 7-10-45 (b) Gettub Sudhaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1945 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 2, 1945 to July 9, 1945

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

Immediate cause of death Bacterial meningitis

Due to not known

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy _____

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 C. E. Coontz (M. D. or other) _____

Address Joplin Mo Date signed 7-10-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

45-7-589

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.