S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27639

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days (Specify whether
In this community 25 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 47
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. St. John's Hospital 5
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Lee McCune

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

4. Sex male 0 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 28, 1945 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 25 If less than one day hr. min.

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

10. Usual occupation infant

11. Industry or business

FATHER
12. Name Ralph W. McCune
13. Birthplace Jasper (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Louise Hopper
15. Birthplace Commerce (City, town, or county) Oklahoma 1 (State or foreign country)

16. (a) Informant Mrs. Ralph W. McCune
(b) Address 621 N. Landreth, Joplin, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/27/45 (Month) (Day) (Year)
(c) Place: burial or cremation Purcell, Missouri

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin Joplin Missouri

19. (a) 8-27-45 (Date received local registrar) (b) W. D. Jones (Registrar's signature)

1404

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22
year 1945 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7/28/45, 19 to 8/22/45, 19
that I last saw him alive on 8/22/45, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia (Premature 7 mo) — Duration

Due to

Due to

Other conditions Birth wt. 3#
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

159

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature R. C. Newkirk (M. D. or other)
Address 304 Frisco Bldg Joplin Mo. Date signed 8/24/45

(Licensed Embalmer's Statement on Reverse Side)

45-8-676

SEP 27 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.