. No. 2
M—2-43
5-17-39
P1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1945

State File No. 30714

Registration District No. 96 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 Johns
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)
In this community 1 mo 18 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. 104 N. McCay
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Johnnie Ray Bebee
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 24 (Day) 1945 (Year)

8. AGE: Years | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business Infant
FATHER
12. Name Richard R. Bebee
13. Birthplace Okla (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Irene Golden Adamson
15. Birthplace Mansfield (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Irene Bebee
(b) Address 104 N. McCay
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem
18. (a) Signature of funeral director Hartwell Walker
(b) Address 305 W. 4th St
19. (a) 9-12-45 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1945 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sept 5, 1945, to Sept 11, 1945; that I last saw he alive on Sept 11, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Malnutrition due to inflammatory enteritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature C. C. Coats (M. D. or other)
Address Joplin Mo Date signed 9-12-45

1441

(Licensed Embalmer's Statement on Reverse Side)

45-9-773

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 Cecil A Thornhill

Licensed Embalmer No. 3590

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.