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-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Registration District No. 158

Primary Registration District No. 2001

State File No. **30752**

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 8 Hours  
(Specify whether years, months or days)  
 In this community 20 Years

### 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. 1330 Wisconsin  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles E. Guinn

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 Married

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

7. Birth date of deceased November 18 1882  
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 9  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Springfield, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Joplin Sash & Door Works

11. Industry or business Laborer

12. Name DK

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

14. Maiden name DK

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

16. (a) Informant Mrs May Guinn

(b) Address 1330 Wisconsin, Joplin, Mo

17. (a) Burial (b) Date thereof 10-1-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Gem

(d) Signature of funeral director Thornhill-Hillon Mortuary

(b) Address Joplin, Mo.

19. (a) 10-2-45 (b) Ed. D. James  
(Date received local registrar) (Registrar's signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 27  
 year 1945 hour 8:35 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him Did not see alive alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture  
 Due to with extensive hemorrhage

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

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

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

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 127

(b) Date of occurrence Sept 27 1945

(c) Where did injury occur? Joplin, Jasper Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial

While at work? Yes (e) Means of injury Ladder  
(Specify type of place) (M. D. or other)

23. Signature Ed. D. James (M. D. or other) Ed. D. James

Address 2114 Joplin Date signed 10-3-45

1404 (Licensed Embalmer's Statement on Reverse Side)

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

1777 County Courthouse

75-9-736

OCT 10 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 *Cecil A. Hambrick*

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.

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Charles Quinn

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 m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased Nov-6-1888  
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 10 (if less than one day) \_\_\_\_\_  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) mo

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death fractured skull - with extensive hemorrhage.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

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

Of autopsy 1860's coroner's meeting

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) accident

(b) Date of occurrence Sept 5-7-1945

(c) Where did injury occur? Public Place (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(d) Did injury occur on or about home, on farm, in industrial place, in public place? Public Place

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

(e) Means of injury fall from ladder

23. Signature W. H. Hargis (M. D. or other) MD

Address 2114 Public Date signed 11/5/45

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

**SUPPLEMENTAL**

1. The first part of the document discusses the current state of the economy and the impact of the recent events. It notes that the economy has been significantly affected, with a sharp decline in GDP and a rise in unemployment. The government is committed to stabilizing the economy and restoring growth.

2. The second part of the document outlines the government's strategy for economic recovery. This includes a series of measures such as increasing government spending, cutting taxes, and implementing structural reforms. The goal is to create jobs, stimulate investment, and improve the overall business environment.

3. The third part of the document addresses the social and political challenges facing the country. It emphasizes the need for social stability and the rule of law. The government is working to address the concerns of the population and ensure that the recovery process is inclusive and equitable.

4. The fourth part of the document discusses the international context of the country's economic situation. It notes that the global economy is also facing challenges, and the country is working to strengthen its international relations and attract foreign investment. The government is committed to maintaining a stable and open economy.

5. The fifth part of the document provides a summary of the key points and a call to action. It urges the government, the private sector, and the public to work together to overcome the current challenges and build a brighter future for the country.