

Registration District No. 156

Primary Registration District No. 2001

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 8 days
(Specify whether
 In this community 8 days
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. St. John's Hospital
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: - - -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
 year 1945 hour 6 minute 35 A. M.

21. I hereby certify that I attended the deceased from
Sept. 15, 1945 to Sept. 16, 1945;
 that I last saw him alive on Sept. 16, 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Bacterial enteritis Duration
48 hrs.
 Due to Dehydration + Anemia 24 hrs.

Other conditions:
(Includes pregnancy within 3 months of death)
 Major findings:
 Of operations: 1/12/45
 Of autopsy: 1/12/45

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 Walter Howard (M. D. or other) M.D.
 Address Joplin, Mo. Date signed 9/17/45

3. (a) PRINT FULL NAME

Thomas Miller, Jr.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 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: September 8 1945
(Month) (Day) (Year)

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

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

10. Usual occupation None

11. Industry or business None

12. Name Thomas Miller, Sr.

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

14. Maiden name Fern Jones

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

16. (a) Informant Thomas Miller, Sr.

(b) Address 831 Clinton, Carthage, Mo.

17. (a) Removal (b) Date thereof 9/16/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Illinois

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 9-19-45 (b) Walter Howard
(Date received local registrar) (Registrar's signature)

1404

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

45-9-786

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. 391
working under my personal supervision.

Signed Ernest L. Kuehl

Licensed Embalmer No. 391

P. O. Address Carthage

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.