

Registration District No. 1-1-12 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 Bredeman
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days
(Specify whether years, months or days)

In this community 24 years
(Specify whether 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. 116 E 9th
(If rural, give location)

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

3. (a) PRINT FULL NAME STEPHEN C. MICHELL

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 10 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>0</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Dyer Co Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Owner

11. Industry or business Real Mercantile

12. Name Joseph Michell

13. Birthplace NW Madrid Mo
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Buchanan

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

16. (a) Informant Personal info

(b) Address Pre arranged

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

(c) Place: burial or cremation Mt Hope

18. (a) Signature of funeral director Arthur H. Hurd

(b) Address Joplin Mo

19. (a) 10-30-45 (b) Ed James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1945 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from 3/4/45 to 10/30/45
that I last saw him alive on 10/27 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 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) (Specify means of injury)

23. Signature W. Stoveland (M. D. or other) _____
Address Joplin Mo Date signed 10/30/45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

9
2
5

45-10-815

NOV 28 1947

FEB 7 1948

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 *Berry K. Hurlbut*

..... Licensed Embalmer No. *959*

P. O. Address *Joplin Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.