S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37622

Registration District No. 36

Primary Registration District No. 5001

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

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2011 Pearl 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Steven Lynn Rawlings

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 single

6. (b) Name of husband or wife

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

7. Birth date of deceased October 13, 1945
(Month) (Day) (Year)

8. AGE: Years | Months | Days 26 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name James H Rawlings
13. Birthplace Tulsa (City, town, or county) Okla (State or foreign country)

MOTHER
14. Maiden name Opal Chenoweth
15. Birthplace Eldorado Spgs (City, town, or county) Mo (State or foreign country)

16. (a) Informant James H Rawlings
(b) Address 2011 Pearl, Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-45 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo

19. (a) 11-14-45 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1945 hour 3 minute p M.

21. I hereby certify that I attended the deceased from Nov. 8, 1945 to Nov. 8, 1945
that I last saw him alive on Nov. 8, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Heart & Respiratory failure

Due to Broncho-pneumonia

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

101

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 W. E. Heinlen (~~M. D. or other~~) DO.

Address Joplin Date signed 11-10-45

1404 (Licensed Embalmer's Statement on Reverse Side)

45-11-820

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.