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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37636

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

(d) Length of stay: In hospital or institution Two Weeks (Specify whether

In this community 38 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Granby (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

3. (a) PRINT FULL NAME M. F. Showalter

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 Widowed

6. (b) Name of husband or wife Ollie Showalter

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

7. Birth date of deceased May (Month) 20 (Day) 1868 (Year)

8. AGE: Years 77 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Goshen (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Farmer and Minister

11. Industry or business

FATHER
12. Name Lewis Franklin Showalter
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Martha Ann Overholt
15. Birthplace (City, town, or county) Canada (State or foreign country)

16. (a) Informant Frank Showalter

(b) Address Diamond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-45 (Month) (Day) (Year)

(c) Place: burial or cremation Diamond

18. (a) Signature of funeral director Thompson Funeral Home

(b) Address Neosho, Missouri

19. (a) 10-4-45 (Date received local registrar) (b) Ed D Jamey (Registrar's signature)

1404

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from Sept 16, 1945, to Oct 1, 1945 that I last saw him alive on Oct 1, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Collapse

Due to Prostate Hypertrophy

Due to Malignant Hypertrophy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Malignant Hypertrophy

Of autopsy 1370

Duration

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) No

(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 [signature] (M. D. or other)

Address Mon Mo Date signed 10/4/45

(Licensed Embalmer's Statement on Reverse Side)

45-10-860

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 George R. Trammell Registered Apprentice No. 391, working under my personal supervision.

Signed Alvin M. Dungy

Licensed Embalmer No. Mo 3566

P. O. Address Neosho, 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.