

FILED JAN 21 1946

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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Sarcoxié
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 26
year 1945 hour 1:13 minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec 22
1945 to Dec 26, 1945
that I last saw him alive on December 25, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carotid + Respiratory
failure

Due to peritonitis 3da
Due to perforated peptic ulcer 3da

Other conditions peritonitis hyperthyroid
(Include pregnancy within 3 months of death)

Major findings:
Of operations perforated peptic
ulcer, peritonitis
Of autopsy _____

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) _____
(e) Means of injury _____

23. Signature J. E. Kellane (M. D. or other) DO
Address Sarcoxié Date signed Dec 26 45

3. (a) PRINT FULL NAME Joseph O. Erwin

3. (b) If veteran, name war _____ (c) Social Security name 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 May 15 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 11
If less than one day _____ hr. _____ min.

9. Birthplace Jerseyville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Clark Erwin

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

14. Maiden name Celestia Yowell

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

16. (a) Informant Mrs. Lulu Hall

(b) Address Sarcoxié, Missouri

17. (a) Burial (b) Date thereof 12/28/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Avilla Cemetery

18. (a) Signature of funeral director Roland Engelage

(b) Address Sarcoxié, Missouri

19. (a) 12-27-45 (b) Ch. J. Jones
(Date received local registrar) (Registrar's signature)

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

100476

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed *Geo B Orr*

Licensed Embalmer No. *946*

P. O. Address *7th Vermont St*

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.