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3002

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 21 1945

Registration District No. 158 Primary Registration District No. 2101

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

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

In this community 3.5 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. 302 W. Washington
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John Friend

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 1945 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from Dec 1 1945 to Dec 23 1945;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Friend 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8, 1872
(Month) (Day) (Year)

Immediate cause of death Cancer of Prostate

Due to with Metastases

Due to _____

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

8. AGE: Years 73 Months 9 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Clatha, Kansas
(City, town, or county) (State or foreign country)

Major findings: Of operations Prost. gland

Of autopsy metastases

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business unknown

12. Name George Friend

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

14. Maiden name Matha Everett

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

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)

(e) Means of injury _____

23. Signature R. H. Crawford (M. D. or other)

Address Joplin Mo Date signed 12-28-45

16. (a) Informant Mary Friend

(b) Address Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem

18. (a) Signature of funeral director Philly Lind

(b) Address 1211 E. 29th

19. (a) 12-29-45 (b) A. J. Spores
(Date received local registrar) (Registrar's signature)

158 (Licensed Embalmer's Statement on Reverse Side)

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

100478

9
2
5

45-12-1035

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 myself
....., Registered Apprentice No.
working under my personal supervision.

Signed Rayton M. Johnston
Licensed Embalmer No. 4304
P. O. Address Webb City 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.