

FILED JAN 21 1948

State File No. _____

Registration District No. 136

Primary Registration District No. 3001

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:
Dr W.B. Champan office
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community life time
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. 1212 North Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John McCall

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Mabel 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased August 8 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 4 13 hr. min.

9. Birthplace Prosperity Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation filling station attendant

11. Industry or business

12. Name David McCall

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

14. Maiden name Sharp

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

16. (a) Informant Mabel McCall
(b) Address 1212 North Street

17. (a) burial (b) Date thereof 12-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address 305 West 4th Street

19. (a) 12-22-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1945 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____ to _____
Did not attend
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 1114 Joplin Date signed 12/21/45

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

100487

49
2
5

45-12-1023

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 Edith A. Harshbarger

Licensed Embalmer No. 3590

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.