No. 2
9-4-41
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X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1946

State File No. 6101

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: 218 Penn. Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 25 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 218 Penn. Ave (If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Junius W. Free.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widower

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

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

7. Birth date of deceased June 28, 1876. (Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 10 If less than one day hr. min.

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

10. Usual occupation retired painter

11. Industry or business

FATHER
12. Name A.P. Free.
13. Birthplace Liberty Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Gray
15. Birthplace Nashville Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs J E Brewalter

(b) Address 622 Porter Ave. Joplin Mo.

17. (a) Burial Mt Hope (Burial, cremation, or removal) (b) Date thereof Feb. 9, 46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Mo.

19. (a) 2-8-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 7, day 1946 year hour about 4-A.M. M.

21. I hereby certify that I attended the deceased from 2 19 to 19 that I last saw h Did not attend alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

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.

94a Coronary Investigation

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 D.W. Dwight (M. D. or other) Do

Address 2114 Joplin Date signed 2/8/46

180

(Licensed Embalmer's Statement on Reverse Side)

46-2-047

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 Percy K Hurlbu

Licensed Embalmer No. 959

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.