

No. 2  
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17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 21 1946** STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

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:  
1122 W. 9th., St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community Entire Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper 4-1

(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 1122 W. 9th. 5  
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Chandler N. Golden

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 31  
year 1946 hour 5 minute 30 P. M.

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

6. (b) Name of husband or wife Maude 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 25 1895  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1 1945 to Jan 31 1946  
that I last saw him alive on Jan 31 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

**8. AGE:**

Years	Months	Days	If less than one day
<u>50</u>	<u>9</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation State Highway Dept.

Due to Chronic Dehydrated heart

Due to Chronic Nephritis 1 yr

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**11. Industry or business** \_\_\_\_\_

**12. Name** I. H. Golden

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

**14. Maiden name** Mamie Chapin

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

**16. (a) Informant** Mrs. Maude Golden

(b) Address 1122 W. 9th., Joplin, Mo.

**17. (a) Burial** (b) Date thereof Feb. 4, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

**18. (a) Signature of funeral director** Parker Hunsaker  
(b) Address 1502 Joplin, Joplin, Mo.

**19. (a) 2-4-46** (b) Ed Jones  
(Date received local registrar) (Registrar's signature)

**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? \_\_\_\_\_

**23. Signature** Ed Jones 1946  
(M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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

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MAR 4 1948

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: *Walter Parker*

Licensed Embalmer No. *2548*

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.