

No. 2
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-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED FEB 19 1946 STANDARD CERTIFICATE OF DEATH

State File No. **6110**

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: **St. Johns Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **week**
(Specify whether years, months or days)
 In this community **All his life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
 (c) City or town **Joplin Rural**
(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 _____

3. (a) PRINT FULL NAME **Phillip Hailey**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **0**

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

7. Birth date of deceased **December 8, 1945**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		1	7	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Carl Hailey**

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

14. Maiden name **Florence Potter**

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

16. (a) Informant **Carl Hailey**

(b) Address **Route #1, Joplin, Missouri**

17. (a) **Burial** (b) Date thereof **1-17-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Park**

18. (a) Signature of funeral director **Parker-Hunsaker**

(b) Address **1502 Joplin Joplin, Mo**

19. (a) **1-21-46** (b) **Ed D. Jones**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **15**
 year **1946** hour **11** minute **8** A. M.

21. I hereby certify that I attended the deceased from **Jan 14** 1946 to **Jan 15** 1946
 that I last saw him alive on **Jan 15** 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death **Marasmus**
 Duration **4 Wks**

Due to **Inability to assimilate proper food** **4 Wks.**

Due to _____

Other conditions **158**
(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)
 (e) Means of injury _____

23. Signature **Ernest Mitchell** (M. D. or other) **0**
 Address **Joplin Mo** Date signed **1-17-46**

158 (Licensed Embalmer's Statement on Reverse Side)

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

5093

46-1-73

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..... *F. M. Jones*

Licensed Embalmer No. *2319*

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.