

FILED MAR 6 1946
Registration District No. **36**

Primary Registration District No. **2201**

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 **30 years**
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. **2221 Tyler**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Frank Elmer Roderick**

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

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

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

7. Birth date of deceased **July 8, 1861**
(Month) (Day) (Year)

8. AGE: Years **84** Months **7** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Smock Penn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **P. Roderick**
13. Birthplace **Penn**
(City, town, or county) (State or foreign country)

14. Maiden name **Emily Custer**
15. Birthplace **Penn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Nannie Roderick**
(b) Address **2221 Tyler, Joplin, Missouri**

17. (a) **Burial** (b) Date thereof **2-15-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Park Cemetery**

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

19. (a) **2-19-46** (b) **Al Thomas**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **13**
year **1946** hour **12** minute **25** P. M.

21. I hereby certify that I attended the deceased from **7/13**, 19**46**, to **Feb. 13**, 19**46**
(that I last saw him alive on **Feb. 13**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death
Prostatic hypertrophy (probably tuberculosis) with rupture of testicle causing h'dak.

Due to **Senility.**

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.

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 **Frank E. Neff, M.D.** (M. D. or other)
Address **Joplin Mo.** Date signed **2/19/46**

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

MOTHER FATHER

128

46-2-131

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.