

Registration District No. 156

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: St Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 35 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **49**
(c) City or town Joplin **7**
(If outside city or town limits, write "RURAL")
(d) Street No. 321 McConnell **5**
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Vermillion

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 Cora 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 21 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>9</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Police

11. Industry or business City Of Joplin

12. Name Thomas Vermillion
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Polly Carver
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Cora Vermillion

(b) Address 321 McConnell Joplin Mo.

17. (a) burial (b) Date thereof 2-27-1946
(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 St. Joplin Mo.

19. (a) 2-26-46 (b) Ed O'Connell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1946 hour 1:15 minute A. M.

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

Immediate cause of death _____

Fractured Skull.

Due to Internal Bleeding

His car was hit by a Greyhound Bus on the main St - Road No 57

Other conditions (Include all causes, if any, which contributed to death) _____

Major findings: Of operations _____

Of autopsy 700 or 2000

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 12.2

(b) Date of occurrence 2/20-46

(c) Where did injury occur? Joplin Jasper Mo
(City or town) (County) (State)

(d) Did injury occur in or about a home, on farm, in industrial place, in public place?
Public Place

While at work? no (Specify type of place) _____

(e) Means of injury By Bus

23. Signature Al Stumpf (M. D. or other) _____

Address 214 Joplin Date signed 2/25/46

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

5148

APR 16 1945

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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.