S. No. 2
M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24026

Registration District No. 150 Primary Registration District No. 2001 Registrar's No.

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

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: General Joplin Mo. (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 9 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Okla (b) County Ottawa 999
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 4 Mi S.W. Wyandotte (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James W. S. Mobra
3. (b) If veteran, name war mo
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Jan (Month) 12 (Day) 1892 (Year)

8. AGE: Years 54 Months 3 Days 21 If less than one day hr. min.
9. Birthplace Shelbyville (City, town, or county) Ill (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Wood shop
FATHER
12. Name John Mobra
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine Dull
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Ruth Dermum-Dau
(b) Address Wyandotte
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/3/46 (Month) (Day) (Year)
(c) Place: burial or cremation Wyandotte Cemetery
18. (a) Signature of funeral director Murell R. Fisk
(b) Address 15A Ft N. W. Miami Okla
19. (a) 6-17-46 (Date received local registrar) (b) Ed James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1946 hour 7 minute 10 A.M.
21. I hereby certify that I attended the deceased from April 13, 1946 to May 3 1946 that I last saw him alive on May 3 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Heard & Respiratory failure
Due to Chronic Nephritis
Due to Abscessed Kidney
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. E. Heinlen (M.D. or other) D.O.
Address Joplin Date signed 5-10-46

(Licensed Embalmer's Statement on Reverse Side)

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46-6-524

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~~ Murell R. Fisk, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Murell R. Fisk

Licensed Embalmer No. 917

P. O. Address Miami, Okla.

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.