

No. 2
1-5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37481

State File No.

FILED DEC 16 1946

Registration District No. 220

Primary Registration District No. 220-5581

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural, R#3, Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rt. 3 Joplin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 58 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Joplin R#3 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles F. Mosbaugh

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: August 10, 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace McCune, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business _____

12. Name Austin Mosbaugh

13. Birthplace Unknown, Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Maurella Jeans

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

16. (a) Informant Mrs. Frances McCorkle

(b) Address Joplin, Missouri, R#3

17. (a) Burial (b) Date thereof 11-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cemetery

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

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 11-25-46 (b) Ed Jensen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 1946
year 1946 hour 3:00 minute _____ M.

21. I hereby certify that I attended the deceased from Nov 8 1946 to Nov 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Myocardial degeneration Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations g2D

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 21

23. Signature J. M. Pinkston, D.O. (M., D., or other)

Address Carl Junction, Mo Date signed 11/21/46

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

MOTHER FATHER

46-11-1011

FEB 11 1957

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.