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FILED JAN 28, 1947
Registration District No. **36**

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 **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days**
In this community **30 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton** **73**
(c) City or town **Goodman** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rt 2** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Harry G. Van Antwerp**

3. (b) If veteran, name war **0** 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 **Nora**
6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **March 4 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 19 hr. min.

9. Birthplace **Schenectady New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

11. Industry or business **Grocery and Restuerant**

12. Name **dont know**

13. Birthplace **dont know** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **dont know** **9**

15. Birthplace **dont know** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Bonnie West**

(b) Address **Rt 2, Goodman, Mo.**

17. (c) **removal** (b) Date thereof **Dec 25, 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shawnee, Okla.**

18. (a) Signature of funeral director **Thornhill-Dillon**

(b) Address **Joplin, Missouri.**

19. (a) **12-24-46** (b) **Ed D James**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **23**
year **1946** hour **1** minute **42** a. M.

21. I hereby certify that I attended the deceased from **Dec 15 1946** to **Dec 22 1946**
that I last saw him alive on **Dec 22 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cholera states** **9 weeks**
Duration

Due to _____

Due to _____

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

Major findings: Of operations **127A**

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) (Means of injury) **0**

23. Signature **J.P. Walker** (M. D. or other) **0**

Address **Joplin Mo** Date signed **12/24/46**

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

46-12-1763

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..... *David Dillon*

Licensed Embalmer No. *3898*

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.