

Registration District No. 156

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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: 6 hours in hospital or institution.
(Specify whether years, months or days)

In this community: 5 years
(Specify whether 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.: General Delivery
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Clifford A. Provins

(b) If veteran, name war: No

(c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb., day 5, 1948
year _____ hour 2-30 A.M. minute _____ M.

4. Sex: Male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

(b) Name of husband or wife: Martha J. Provins

(c) Age of husband or wife if alive: 36 years

7. Birth date of deceased: May 19, 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____
not attend did

that I last saw him _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 8 Days 16
If less than one day hr. _____ min. _____

Immediate cause of death: pulmonary edema

Duration: 7 hours

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

Due to: Inhalation of fumes of gasoline pipe

Dis to: 2nd + 3rd degree burns

10. Usual occupation: laborer

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

Major findings: 187 15

Of operations: _____

11. Industry or business: _____

12. Name: James A. Provins

13. Birthplace: Ohio
(City, town, or county) (State or foreign country)

14. Maiden name: Clara Burlingame

15. Birthplace: Jasper County Mo.
(City, town, or county) (State or foreign country)

Of autopsy: _____

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: Martha J. Provins

(b) Address: General Del. Joplin Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: Feb. 8, 47
(Month) (Day) (Year)

(c) Place: burial or cremation: Osborne Mem. Cemetery

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

(a) Accident, suicide, or homicide (specify): accident 132

(b) Date of occurrence: 2/4/47

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home
(Specify type of place)

18. (a) Signature of funeral director: Hurlbut Und. Co.

(b) Address: Joplin Mo

19. (a) 2-6-47 (Date received local registrar)

(b) [Signature] (Registrar's signature)

While at work? _____ (c) Means of injury: _____

23. Signature: [Signature] (M.D. or other) 20

Address: Deerfield Hospital, Joplin Date signed: 2/5/47

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

9
2
5

138

(Acting Coroner)

FEB 21 1947

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 Perry K. Hurlbut

Licensed Embalmer No. 959

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.