

No. 2  
12-45  
-17-39

Registered District No. **FILED MAR 28 1947**

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: **none**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **10 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. **106-N. Main st**  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** **Charles Luce.**

**3. (b) If veteran,** name war **NO**

**3. (c) Social Security No.** **500-09-3510**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **2** day **27** year **1947** hour \_\_\_\_\_ minute \_\_\_\_\_

**4. Sex** **Male**

**5. Color or race** **W**

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

**6. (b) Name of husband or wife.** \_\_\_\_\_

**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **Nov. 27 1884**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_**  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<b>62</b>	<b>2</b>	<b>26</b>	hr. _____ min. _____

Immediate cause of death \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

**9. Birthplace** **Atchison-Kansas**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Resturant worker**

Other conditions \_\_\_\_\_  
(Include pregnancy within 9 months of death)

MOTHER FATHER

**11. Industry or business** \_\_\_\_\_

**12. Name** **Wm. A. Luce**

**13. Birthplace** **Taylorville Ill.**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Anna M. Smith**

**15. Birthplace** **Taylorville ILL.**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

**16. (a) Informant** **Mrs Nellie Graff**

**(b) Address** **5410 Highland, Kansas City Mo**

**17. (a) Burial** **Atchison Kansas**  
(Burial, cremation, or removal) **(b) Date thereof** **2-25-47**  
(Month) (Day) (Year)

**(c) Place: burial or cremation** **Hurkbut Und. Co. Joplin Missouri**

**18. (a) Signature of funeral director** \_\_\_\_\_  
**(b) Address** \_\_\_\_\_

**19. (a) 2-28-47** **(b) [Signature]**  
(Date received local registrar) (Registrar's signature)

**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?** **2**

While at work \_\_\_\_\_ **(e) Means of injury** \_\_\_\_\_

**23. Signature** **[Signature]** **or other** **[Signature]**  
**Address** **[Address]** **Date signed** **2/24/47**

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47-3-190

AUG 4 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.....

*Ferry K. Foulbert*

Licensed Embalmer No. ....

*959*

P. O. Address.....

*Joseph M. Misoe*

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.