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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13852**

Registration District No. **136**

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:
2100 W. 7th. St., Holladay Cabins
(If not in hospital or institution, write street number or location)

(d) Length of stay: _____ Hospital or institution _____
(Specify whether in this community _____ years, months or days)

Tourist, enroute to Ohio (Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County 999

(c) City or town Salem 33
(If outside city or town limits, write "RURAL")

(d) Street No. Salem Road 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME John Hules

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

4. Sex Male **5. Color or race** W.

6. (a) Single, widowed, married, divorced, m. 1

6. (b) Name of husband or wife Mary Hules **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased March 25, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	0	4	hr. _____ min. _____

9. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Building Contractor & Carpenter

11. Industry or business _____

MOTHER FATHER

12. Name Joe Hules

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

14. Maiden name Anna Prochaska

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

16. (a) Informant Mary Hules

(b) Address Salem Road, Salem, Ohio

17. (a) Removal 3-29-47 **(b) Date thereof** 3-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cleveland, Ohio

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

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 3/29/47 **(b) Dalrus Dampkins**
(Date received local registrar) (Registrar's signature) 120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1947 hour 12 minute 30 A.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

Major findings: BA
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? _____

While at work _____ **(Specify type of place)** _____

(c) Means of injury _____

23. Signature W. H. Giffert **(M.D. or other)** Do

Address 2112 Joplin **Date signed** 3/29/47

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

47-3-300

MAY 6 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 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.