S. No. 2
M—12-45
7. 5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19910

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 104

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 3.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 mo — 15 da. (Specify whether years, months or days)
In this community Same time

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. 2622 E. 8th Street. (8th)
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis G. Degginger
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 Widower
6. (b) Name of husband or wife Minnie Price
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Dec. 28 1890 (Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 3. If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Mechanic.
11. Industry or business
MOTHER FATHER
12. Name Ishmael Degginger
13. Birthplace Defiance (City, town, or county) Ohio (State or foreign country)
14. Maiden name Mary Stumpf
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Hospital Records
(b) Address Nevada Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRVIEW CEM.
18. (a) Signature of funeral director HURLBUT UND CO.
(b) Address JOPLIN MO.
19. (a) 6-2-47 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1947 hour 3:15 minute A. M.
21. I hereby certify that I attended the deceased from 6-16-46, 19..., to 5-31-47, 19...; that I last saw him alive on 5-31-1947, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis of the Insane — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) DOD
Major findings: Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R B Lester (M. D. or other)
Address Nevada Mo Date signed 5-31-47.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number S-47-693
Date Filed 6-9-47

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.