

Registration District No. 126
FILED AUG 29 1947

Primary Registration District No. 2101

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: 406 Club /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 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. 406 Club
(If rural, give location)

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

3. (a) PRINT FULL NAME ESSA MAY BOND

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7 year 1947 hour 4 minute 50 A. M.

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

4. Sex F. / race W. 5. Color or race W.

6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife Charles L. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 10, 1892, Missouri
(Month) (Day) (Year)

Immediate cause of death Suburary the 15 yrs.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>2</u>	<u>28</u>	hr. min.

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

9. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation own home

11. Industry or business.....

12. Name no record

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

14. Maiden name " " (City, town, or county) (State or foreign country)

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause of death should be charged statistically.

16. (a) Informant Charles L. Bond

(b) Address 406 Club, Joplin, Mo.

17. (a) Removal (b) Date thereof 8-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lousiana, Missouri

18. (c) Signature of funeral director Parker Hunsaker
Joplin, Missouri

(b) Address.....

19. (a) 8-8-47 (b) Delores Sampkins
(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?..... (Specify type of place)

While at work..... (e) Means of injury.....

23. Signature W. Howard (M. D. or other)
Address Joplin Date signed.....

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

47-8-700

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

Licensee 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.