

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 150

Primary Registration District No. 3001

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

(d) Length of stay: In hospital or institution 7 MONTHS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jasper

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

(d) Street No. 102 Pearl
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert Eugene Larson

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

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

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

7. Birth date of deceased: NOV 14 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

7 17 hr. min.

9. Birthplace: JOPLIN MO
(City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

12. Name: CHAS L LARSON

13. Birthplace: LITTLE ROCK ARK
(City, town, or county) (State or foreign country)

14. Maiden name: STELLA R DRAKE

15. Birthplace: JOPLIN MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant: Chas L Larson

(b) Address: open no.

17. (a) BURIAL (b) Date thereof: 7/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: FAIRVIEW

18. (a) Signature of funeral director: HURLBUT AND CO

(b) Address: JOPLIN-MO

19. (a) 7-3-47 (b) Robert Eugene Larson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1947 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from 1947 to 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxiation

Due to: falling between wall and bed with sheets over the head.

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

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____

Underline the cause of which death should be charged statistically.

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

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

(b) Date of occurrence: 7/1/47

(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)

While at work: no (e) Means of injury: asphyxiation

23. Signature: Dr. H. W. Perfect (or other): _____
Address: 2114 Joplin Date signed: 7/2/47

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

MOTHER FATHER

47-8-628

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 Terry K. Furbush

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.