S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38686

FILED NOV 22 1947

Registration District No. 166 — Primary Registration District No. 2001 — Registrar's No.

WRITE PLAINLY—USING 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: St. John (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 45 years 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. 2520 Trenton (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William A. Southerland
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 M
6. (b) Name of husband or wife Ida
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 13 (Day) 1894 (Year)

8. AGE: Years 53 Months 8 Days 0 If less than one day hr. min.

9. Birthplace Central City, Nebraska (City, town, or county) (State or foreign country)
10. Usual occupation Insulation
11. Industry or business Eagle-Picher Lead Co.
FATHER
12. Name H. I. Southerland
13. Birthplace ---Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jennie Palmer
15. Birthplace ---Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Ida Southerland
(b) Address 2520 Trenton, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope, W.C., Mo.
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri
19. (a) 9-16-47 (Date received local registrar) (b) Dolores Lamplin DR. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1947 hour 6 minute 30 A M.
21. I hereby certify that I attended the deceased from Did Not Attend, 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death Shock - Gas Gangrene
From Being pulled into belts of Mr Conveyor
Other conditions (Include pregnancy within 3 months of death)
Duration
Major findings:
Of operations 195E
Of autopsy 11
Coroner Investigation
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 9/11/47
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial - Eagle Picher Co. (Specify type of place)
While at work? Yes (e) Means of injury Conveying Belt
23. Signature D.W. Derfelt (M. D. or other)
Address 214 Joplin Date signed 9/13/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-11-835

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.