

S. No. 2
M-1/47
v. 5-17-39

State File No.

FILED JAN 17 1948
Registration District No. 56

Primary Registration District No. 2001

Registrar's No.

49
25

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:
FIRE STATION - 2nd + Joplin - 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution entire life (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. 2652 E. 8th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME John Thomas Serage

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

3. (c) Social Security No.

4. Sex M. U 5. Color or race W.

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

6. (b) Name of husband or wife Effie

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 25, 1903
(Month) (Day) (Year)

8. AGE:

| | | | |
|-------|--------|------|----------------------|
| Years | Months | Days | If less than one day |
| 44 | 5 | 14 | hr. min. |

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

10. Usual occupation Fireman

11. Industry or business.....

12. Name Charles B. Serage

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

14. Maiden name Edna Stultz

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

16. (a) Informant Mrs. Effie Serage

(b) Address 2652 E. 8th St., Joplin

17. (a) Burial (b) Date thereof 11-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bzark Memorial

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

(b) Address Joplin, Missouri

19. (a) 11-15-47 (b) Satoris Lemphire
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1947 hour 2 minute 00 A. M.

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

Did not attend

Immediate cause of death Cancerous Old person

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

947

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.....

Signature A. H. Serfelt (M. D. or other).....
Address 3114 Joplin Date signed 11/17/47

PHYSICIAN

Under the cause of which death should be charged statistically.

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.