6. No. 2
—1/47
5-17-39

ENCLOSED

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 30 1948
Registration District No. 166

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 9102

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: Freeman Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 Days (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JASPER 49
(c) City or town: JOPLIN (If outside city or town limits, write "RURAL")
(d) Street No.: 1611 Connor Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: JAMES PHIL MICHEL
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Male
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Wid.
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: JAN. (Month) 17 (Day) 1870 (Year)

8. AGE: Years 78 | Months 1 | Days 15 | If less than one day: hr. min.

9. Birthplace: No Record (City, town, or county) (State or foreign country)
10. Usual occupation: Insurance Agent
11. Industry or business: " "

FATHER
12. Name: No Record
13. Birthplace: (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: No Record
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant:
(b) Address:
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 3-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Kansas City, Mo.
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Mo.
19. (a) 3-6-48 (Date received local registrar) (b) Dolores Lampkins O.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1948 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from Mar 1, 1948, to Mar 3, 1948; that I last saw him alive on March 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Shock -	3 da -
Arteriosclerosis	years
Due to: Chr. Myocarditis	years
Senility	years
Due to: Intertrochanteric fracture femur right	3 da -
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 1617
Of autopsy: 18

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: 3-1-48 12?
(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? home (Specify type of place)
While at work? no (e) Means of injury: Fall in flow

23. Signature: Virgil E. Jeans (M. D.)
Address: Joplin, Mo. Date signed: 3-5-48

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

Virgil E. Jeans

MAR 30 1946

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 C. 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.