S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

9110

State File No.

FILED APR 5 1948

Registration District No. 156

Primary Registration District No. 2001

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 (Specify whether In this community years, months or days) Lifetime

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. 2931 Conneticut (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Francis Piha

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December 19, 1947 (Month) (Day) (Year)

8. AGE: Years | Months 2 | Days 2 | If less than one day hr. min.

9. Birthplace Joplin, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name F!f. Piha
13. Birthplace Lee Center, Minn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marjorie Russell
15. Birthplace Galena, Kans. (City, town, or county) (State or foreign country)

16. (a) Informant F.F. Piha
(b) Address Joplin, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest - Galena Kas

18. (a) Signature of funeral director Hurlbut-Glover
(b) Address Joplin, Mo.

19. (a) 2-23-48 (Date received local registrar) (b) Dolores Lampkins DR (Registrar's signature) 1/20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21 year 1948 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from 2-20 1948, to 2-20 1948; that I last saw him alive on 2-20 1948; and that death occurred on the date and hour stated above.

Immediate cause of death meningitis

Due to Etiology undetermined

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: Unknown

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)

(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 [signature] (M. D. or other) MD

Address Frisco Bldg Joplin Mo Date signed 2-21-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-2-214

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 Dale Glover, Registered Apprentice No. 87, working under my personal supervision.

Signed Perry K. Hurlbut

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.