

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26781**

FILED AUG 27 1948

Registration District No. 156

Primary Registration District No. 200

Registrar's No. _____

WRITE PLAINLY—USE 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's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether
 In this community 52 years
 years, months or days)

3. (a) PRINT FULL NAME Walter Friend
3. (b) If veteran, name war no
3. (c) Social Security No. 486-24-5423

4. Sex male **5. Color or race** white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Gladys Friend
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased January 23 1885
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 6 26 hr. min.

9. Birthplace Jackson Co. Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation carpenter

11. Industry or business _____

MOTHER FATHER
12. Name George Friend
13. Birthplace unknown unknown
 (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Friend
(b) Address Goodman, Mo.

17. (a) burial (Burial, cremation, or removal) **(b) Date thereof** Aug. 20, 1948
 (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem, Neosho Rt. 2

18. (a) Signature of funeral director John B. Pagnieur
(b) Address Goodman, Mo.

19. (a) 8-19-48 (Date received local registrar) **(b) [Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County McDonald
 (c) City or town Goodman
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 18
 year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Dec. 22
 19 45 to 8/18/48, 19 _____;
 that I last saw him alive on 8/18/48, 19 _____;
 and that death occurred on the date and hour stated above.

Immediate cause of death General carcinomatosis of abdomen, with anemia...
Due to Malignancy of the mid portion of stomach.
Due to anemia.. due to malignancy.

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings: none
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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? _____

23. Signature [Signature] (M.D. or other)
Address Erisco Bldg, Joplin Mo. Date signed _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

OCT 1 1953

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 John B. Papineau
Licensed Embalmer No. 4446
P. O. Address Goodman, 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.