

No. 300
M-10-47
v. 5-17-39
I 3906

37102

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

FILED DEC 8 1948
Registration District No. 1986

Primary Registration District No. 2001

19
2
5

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 & town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Freeman 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks
(Specify whether)

In this community 50 years
(years, months or days)

3: (a) PRINT FULL NAME CHARLES INNS

3: (b) If veteran, name war XXX

3: (c) Social Security No. _____

4. Sex male 0

5. Color or race white

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

6: (b) Name of husband or wife Edith Inns

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

7. Birth date of deceased: September 2 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	2	28	hr. _____ min. _____

9. Birthplace: XXX England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business XXXX

12. Name unknown 4

13. Birthplace unknown 1
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16: (a) Informant Mrs. Margaret Smalley

(b) Address 416 W. 9th St.

17: (a) burial (b) Date thereof: 12-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18: (a) Signature of funeral director Hurlbut-Glover

(b) Address 422 Sergeant, Joplin, Mo.

19: (a) 12-3-48 (b) Edith Inns
(Date received local registrar) (Name of informant)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 416 W. 9th. St. 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30
year 48 hour 8 minute _____ P.M.

21. I hereby certify that I attended the deceased from June 18
48 to 30 Nov 1948

that I last saw him alive on 30 Nov 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate 6 months
Duration

Due to _____

Due to _____

Other conditions Prostate in Terminal 3 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations 51

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury fall

23. Signature Jacob... (M. D. or other) _____

Address 1077-48 Date signed _____

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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.....

William E. Free, Registered Apprentice No. *283*
working under my personal supervision.

Signed *Dale Glover*

Licensed Embalmer No. *45-93*

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.