

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

*Dr. Brookshier*  
7068  
Do not use this space.

1. PLACE OF DEATH **REC'D MAR 17 1938**  
 (a) County Jasper Registration District No. 411  
 (b) Township Joplin Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Joplin (d) Street No. St. John's Hospital St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. 2 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Douglas Day  
 (a) Residence, No. 34th & Penn St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1937  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 2 22  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.  
 FATHER 13. NAME Edward Day  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenridge Mo.  
 MOTHER 15. MAIDEN NAME Maude Showers  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
 17. INFORMANT (ADDRESS) Father  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE Feb 16 1938  
 19. FUNERAL DIRECTOR (ADDRESS) Lanpher Mortuary Joplin Mo.  
 20. FILED 2-16-1938 Ed J. Jarne Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1938 to Feb 15, 1938  
 I last saw him alive on Feb 14, 1938 Death is said to have occurred on the date stated above, at 5 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Robert Pneumonia  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? 1  
 If so, specify \_\_\_\_\_  
 (Signed) W. D. Brookshier M. D.  
 (Address) Joplin Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Allen E. Langher Licensed Embalmer No. 3574

hereby certify that the body recorded on the reverse side of this certificate was <sup>prepared</sup> ~~embalmed~~ by me

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Allen E. Langher  
Licensed Embalmer No. 3574

**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.)**