

REC'D MAR 20 1939

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

6861

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper 2 Registration District No. 411
(b) Township Joplin 1 Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. 821 Porter St. _____
(e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

526 Arthur B Ankrum
(a) Residence, No. 821 Porter St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE-MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Elizabeth Ankrum
 (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 16
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mine operator
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) 1-9-29 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington Illinois
FATHER 13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "
MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "
17. INFORMANT (ADDRESS) Ray Ankrum Joplin Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park Cem. DATE 2-22-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lanpher Mortuary Joplin Mo.
20. FILED 2-21-39 Ed James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1939
22. I HEREBY CERTIFY, That I attended deceased from 1/15 1939 to 2/20 1939
I last saw him alive on 10/9/39 2/20 1939. Death is said to have occurred on the date stated above, at 11 P. M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____
108
Other contributory causes of importance:
Sensitization and Usual Complications
Name of operation None Date of _____
What test confirmed diagnosis Sputum Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide NO 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? NO
If so, specify 763 1/2 Porter (Signed) Ed James DO
372 (Address) 671 Porter Joplin, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-634

Date Filed MAR 11 1939

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, F. M.

Jones

or by

Registered Apprentice No., working under my personal supervision.

Signed

F. 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, above space should be left blank.