

REC'D SEP 14 1939

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

29407

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
(b) Township Colona Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
(c) City Joplin (d) Street No. 1604 Central St. 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 44 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David H. Friend

(a) Residence, No. 1604 Central 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 (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Friend  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 9 26

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner  
9. Industry or business in which work was done, as saw mill, bank, etc. Tripoli Mill  
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) Carlinville Ill.

FATHER  
13. NAME David H. Friend

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlinville, Ill.

MOTHER  
15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Mrs. David H. Friend Joplin, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Fairview DATE 8-3-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill-Dillon Joplin Mo.

20. FILED 8-4-39 Ed J. Jarnie Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1-39, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1939 to Aug 1, 1939  
I last saw him alive on Aug 1, 1939 Death is said to have occurred on the date stated above, at 10:50 PM

The principal cause of death and related causes of importance were as follows:

Coronary disease ?  
8 or 4 yrs  
94 lb  
Other contributory causes of importance: Congestive heart failure?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None Was there an autopsy? no

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? no  
If so, specify \_\_\_\_\_  
(Signed) Neil L. Neff M. D.  
(Address) Joplin Mo.

RECEIVED

District Health Officer No. 6,

District File Number 939-1797

Date Filed SEP 7 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,

....., or by .....

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

Signed.....

*David Dillon*

Licensed Embalmer No. 3898

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.**