

JAN 18 1939

Registration District No. 609

Primary Registration District No. 4963

Registrar's No. 150

1. PLACE OF DEATH: NEWTON 2
 (a) County NEWTON
 (b) City or town NEOSHO
 (c) Name of hospital or institution: JOPLIN ST.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 YEARS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State MISSOURI (b) County NEWTON
 (c) City or town NEOSHO (If outside city or town limits, write "RURAL")
 (d) Street No. JOPLIN ST (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME JOE JACKSON STINSON
 3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED
 6. (b) Name of husband or wife MAE STINSON 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased DECEMBER 18 1859
 (Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace BARRY COUNTY MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation TRAVELING SALESMAN

11. Industry or business HOFFMAN MUSIC CO.

12. Name JOE JACKSON STINSON

18. Birthplace UNKNOWN ARKANSAS
 (City, town, or county) (State or foreign country)

14. Maiden name MARIE JANE BALLARD

15. Birthplace UNKNOWN ALABAMA
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mae Stinson

(b) Address Neosho Missouri

17. (a) BURIAL (b) Date thereof 12-20-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery, Neosho

18. (a) Signature of funeral director Earl Thompson

(b) Address Neosho Mo

19. (a) 12-20-39 (b) Orval A. Salumoff
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day December
 year 1939 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from Dec 1
 _____, 1939 to Dec 18, 1939
 that I last saw him alive on Dec 18 - _____, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
 Duration _____

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: None
 Of operations _____

Of autopsy None

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 _____

23. Signature J. H. Reynolds (M. D. or other) _____

Address Neosho Mo Date signed 12/20

PHYSICIAN

 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
 16-1 X19511

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.

RECEIVED

District Health Officer No. 6,

District File Number 100-222

Date Filed JAN 12 1940

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.....

Gail R. Gay, Registered Apprentice No. 189
working under my personal supervision.

Signed Barley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.