

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2703

Registration District No. FILE FEB 20 1940

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper 2
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
116 East 9th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 15 years
years, months or days

8. (a) PRINT FULL NAME JAMES FREDRICK FAGAN

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Fagan 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased March 21 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation Marble & tile setter

11. Industry or business _____

MOTHER FATHER { 12. Name John Fagan
13. Birthplace England
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Katherine Fagan
(b) Address 116 East 9th St

17. (a) Burial (b) Date thereof 1 15 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Therabill Miller
(b) Address Joplin Missouri

19. (a) 1-16-40 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 116 East 9th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A? 58 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1940 hour 7:45 P.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from Dec 29, 1939 to Jan 11, 1940
that I last saw him alive on Jan 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Pericardial thrombosis
Due to _____

Due to _____

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

Major findings: Of operations no
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) _____
Means of injury _____
23. Signature W. P. Wallace (M., D. or other) _____
Address Joplin Mo Date signed 1/16/40

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 241-554

Date Filed FEB 15 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

David Hillon

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.