

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: FILED JUL 24 1940  
 (a) County Jasper  
 (b) City or town Joplin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Johns Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 weeks (Specify whether  
 In this community 40 yrs. years, months or days)

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. 2209 Penn.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lee Claude Dobbs 170  
 3. (b) If veteran, name war World War 3. (c) Social Security No. 441-01-3364

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 6  
 year 1940 hour 11:15 minute \_\_\_\_\_ P. A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Eulalia Lauderdale 6. (c) Age of husband or wife if alive 44 years  
 7. Birth date of deceased: May 12 1895  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 3 1940  
June 3 1940 to July 6 1940  
 that I last saw h. alive on July 6 1940  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
45 21 26 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Chronic myocarditis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

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

10. Usual occupation Smelterer

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business Lead

12. Name John Dobbs

13. Birthplace Missouri

14. Maiden name Aime Holwand (State or foreign country)

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

16. (a) Informant Ellis Dobbs

(b) Address 2209 Penn.

17. (a) B Burial (b) Date thereof 7-9-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
Forest park

(c) Place: burial or cremation

18. (a) Signature of funeral director HURLBUT UND CO.  
 (b) Address 219 JOPLIN ST. JOPLIN MO

19. (a) 7-9-40 (b) Ecl N James  
 (Date received local registrar) (Registrar's signature)  
372 (Licensed Embalmer's Statement on Reverse Side)

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?  
Yes (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Geo Cooper (M. D. or other) \_\_\_\_\_  
 Address Joplin, Mo Date signed July 7 1940

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

9-7-40 AMP 23

SEP 25 1947

**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 *Steve D. Parker*

Licensed Embalmer No. *2548*

P. O. Address *Gayles Ave*

**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, fact should be so stated above.**