

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution 502 Highland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 yrs.
In this community 40 yrs.
(Specify whether 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. 502 Highland
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME James M. Arthur 636
(b) If veteran, name war none
(c) Social Security No. NONE

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fannie B. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 25, 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 2 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business FARMING

12. Name John Arthur

13. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lawrence

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

16. (a) Informant N. N. Shemaber

(b) Address Joplin Mo

17. (a) Burial (b) Date thereof 6-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Shelbert Und. Co.
(b) Address Joplin, Mo 372

19. (a) 6-28-40 (b) E. J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 27
year 1940 hour 1 AM minute _____ M.

21. I hereby certify that I attended the deceased from May 8 to June 27, 1940
that I last saw him alive on June 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chr.

Due to Myocarditis - chr.

Due to Sclerosis - chr.
Arterio-sclerosis

Other conditions None
(Include pregnancy within 3 months of death)
Major findings: None
Of operations _____
Of autopsy _____

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? _____

23. Signature [Signature] (M. D. or D. O. M. D.)
Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

97
Carey

1761

Handwritten scribbles and initials

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 *Sam E. Sencer*

Licensed Embalmer No. *4099*

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, fact should be so stated above.