

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.

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: 2107 Porter
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 50 years
 years, months or days

3. (a) PRINT FULL NAME JOHN C. ATWATER 33 1/2

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 married

6. (b) Name of husband or wife Nancy Atwater 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 15 1861
 (Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 28 If less than one day hr. _____ min.

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

10. Usual occupation Retired Gascon

11. Industry or business _____

12. Name Charles Atwater

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

14. Maiden name Mary Dawson

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

16. (a) Informant's own signature Miss Rose Atwater

(b) Address 2107 Porter

17. (a) Burial (b) Date thereof Aug. 16 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Lausher Mortuary
 (b) Address 1502 Joplin St Joplin, Mo

19. (a) 8-16-40 (b) E. K. [Signature]
 (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. 2107 Porter
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
 year 1940 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 24
 _____, 1940 until Aug 12, 1940
 that I last saw him alive on Aug 19, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to <u>Chronic Nephritis</u>	
Due to _____	<u>1 yr</u>
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations _____	
Of autopsy _____	

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?
379

23. Signature E. K. [Signature]
 Address 708 [Address]
 Date Aug 16 1940

40-9-368

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 F. M. Jones

Licensed Embalmer No. 2319

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.