

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38952**

Registration District No. **408**

Primary Registration District No. **5562**

Registrar's No. **212**

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

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Burial - Marion Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway # 71 - North of Carthage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) **3**

8. (a) PRINT FULL NAME **MORRIS FRANKLIN JOOPER**

3. (b) If veteran name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Unknown**

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

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **39** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Ellamore Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unknown**

11. Industry or business _____

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Ely Johnson**

(b) Address **Carthage, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 19-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **Knee Martusky**

(b) Address **Carthage, Mo.**

19. (a) **Nov. 19, 1940** (b) **E. J. McIntire, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Unknown** (b) County **Unknown**
(c) City or town **Unknown**
(If outside city or town limits, write "RURAL")
(d) Street No. **Unknown**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **6**
year **1940** hour **8** minute **P. M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on **Nov. 6 - 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Chest and internal hemorrhage**
Due to **Automobile accident Collision with pedestrian**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations _____
Of autopsy **Investigation**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **November 5 - 1940**
(c) Where did injury occur? **Highway 71 - Jasper Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Highway 71 - accident
While at work? **No** (Specify type of place) (e) Means of injury **Automobile**
23. Signature **A. H. Winchester** (M. D. or other)
Address **Jasper, Mo.** Date signed **11-6-40**

40-12-648

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 John D. Batchelder
Licensed Embalmer No. 4653
P. O. Address Carthage, 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.