

No. 2  
1-10-39  
-17-39  
K21492

State File No. **FILED DEC 10 1940**  
Registrar's No. 58

Registration District No. 413 Primary Registration District No. 5559.C.

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Main  
(c) Name of hospital or institution: Jasper Co. H.C. Hospital  
(d) Length of stay: In hospital or institution 15 days  
In this community 59 years, months or days

3. (a) PRINT FULL NAME Leather Cement  
(b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, divorced, Married  
6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive No years  
7. Birth date of deceased Feb 21 - 1881

8. AGE: Years 59 Months 9 Days 7  
If less than one day hr. min.

9. Birthplace Joplin Missouri

10. Usual occupation Miner

11. Industry or business Mining

MOTHER FATHER  
12. Name No record  
13. Birthplace No record  
14. Maiden name No record  
15. Birthplace No record

16. (a) Informant Bernice Dement  
(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 11-29-40

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Hurlbut  
(b) Address 212 Joplin St. Joplin Mo.

19. (a) N.V. 29-40 (b) J. E. Anderson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(d) Street No. 101 1/2 Main St  
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 28  
year 1940 hour 5 minute 55 a M.

21. I hereby certify that I attended the deceased from Nov 13 1940 to Nov 28 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis  
Corticosteroid compensation

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

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

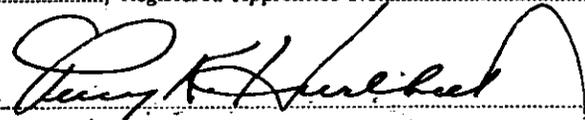
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
Signature E. Douglas (M. D. or other) \_\_\_\_\_  
Address Main City Mo Date signed 12/2/40

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

**STATEMENT BY-LICENSED EMBALMER**

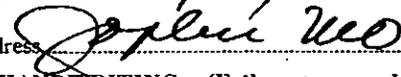
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No..... 959

P. O. Address.....



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.