

Registration District No. 411

Primary Registration District No. 2002

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

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

1. PLACE OF DEATH:

(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:  
1323 Ed Duquesne  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

In this community 45 years

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. 13 Ed Duquesne Sts  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME OMAR D ELLIOTT

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1941 hour 1 minute 50 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced UNMARRIED

6. (b) Name of husband or wife FANNIE

6. (c) Age of husband or wife if alive 18 1/2 years

7. Birth date of deceased JUNE 1 1899  
(Month) (Day) (Year)

that I last saw him did not see him alive and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>9</u>	<u>11</u>	hr. _____ min. _____

Due to Coronary Occlusion

Due to Pericardial Sclerosis

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

10. Usual occupation DRILLING CONTRACTOR

11. Industry or business \_\_\_\_\_

Other conditions g.H.W.  
(Include pregnancy within 3 months of death)

12. Name William Eekrod

13. Birthplace no record 4  
(City, town, or county) (State or foreign country)

14. Maiden name Sadie Burtice

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Mrs Fannie Eekrod

(b) Address Joplin, Mo

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 3-15-41  
(Month) (Day) (Year)

(c) Place: burial or cremation Forest park Cemetery

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Shambell Dillon

(b) Address \_\_\_\_\_

19. (a) 3-15-41  
(Date received local registrar)

(b) Joplin, Mo  
(Registrar's signature)

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? 377

23. Signature R. A. Webster  
(Specify type of place) (e) Means of injury car

Address Carthage Mo Date signed March 11, 1941

**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..... *David Dillon* .....

Licensed Embalmer No. *3898* .....

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.**