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FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14868

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 828 Illinois 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Henry Courvoisier
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 20 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
72	9	4	hr. min.

9. Birthplace 5 Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation Machinist (retired)
11. Industry or business
MOTHER FATHER
12. Name Jasper Courvoisier
13. Birthplace 5 France
(City, town, or county) (State or foreign country)
14. Maiden name Proctor
15. Birthplace 9 Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Alice Jane Courvoisier
(b) Address 828 Illinois, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery
18. (a) Signature of funeral director Lanpher Mortuary
(b) Address 1502 Joplin Joplin, Mo.
19. (a) 4-25-41 (Date received local registrar) (b) Ed D Lanpher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th year 1941 hour 7:00 minute P M.

21. I hereby certify that I attended the deceased from April 1, 1941, to April 24, 1941; that I last saw him alive on April 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	
Due to Cardio-renal Disease	
Due to Arteri-sclerosis,	
Chr. Cystitis and hypertension	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W B Chapman (M. D. or other) 0
Address Joplin, Mo. Date signed 4-30-41

(Licensed Embalmer's Statement on Reverse Side)

41-5-468

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 M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.