

MAILED MAY 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14870

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

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: 1923 ILLINOIS 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days) NONE

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JASPER 49
(c) City or town JOPLIN
(If outside city or town limits, write "RURAL")
(d) Street No. 1923 ILLINOIS
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No 0 years.

3. (a) PRINT FULL NAME RUSSEL C. WITMER

3. (b) If veteran, name war - No 3. (c) Social Security No. - No

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced - 0
6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years
7. Birth date of deceased 4-18-41
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 6 hr. min.

9. Birthplace JOPLIN MO
(City, town, or county) (State or foreign country)

10. Usual occupation " NONE "

11. Industry or business " NONE "

MOTHER FATHER
12. Name RUSSEL C. WITMER
13. Birthplace JOPLIN MO
(City, town, or county) (State or foreign country)
14. Maiden name HELEN GOULD
15. Birthplace JOPLIN MO
(City, town, or county) (State or foreign country)

16. (a) Informant Russell C. Witmer
(b) Address 1923 Illinois

17. (a) BURIAL (b) Date thereof 4/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OSARK MEM.PIC.

18. (a) Signature of funeral director Hurbert Lind Co

(b) Address 215 James

19. (a) 4-21-41 (b) Ed S James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 4-19-41
_____, 19____, to 4-19-41, 19____;
that I last saw h. IM alive on 4-19-41, 19____;
and that death occurred on the date and hour stated above. "

Immediate cause of death Blas Baby Patent Foramen

Due to _____
Due to _____

Other condition Large Caput succedaneum
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? no

(Specify type of place) _____
While at work _____ (e) Means of injury 2

23. Signature [Signature] (M.D. or other) D.O.
Address Joplin, MO. Date signed 4-19-41

Duration 6 hrs.
Underline the cause to which death should be charged statistically.

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

41-5-436

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.....

Body not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Terry K. Harburt*.....

Licensed Embalmer No. *959*.....

P. O. Address..... *20 plus New*.....

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.