

2
3-40
7-39
X23159

FILED SEP 12 1941

State File No. _____

Registration District No. 411

Primary Registration District No. 5569

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin "Rural" ^{W. P. A.}
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
South East of City
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 25 years 1
years, months or days

2. USUAL RESIDENCE OF DECEASED: 049

(a) State Missouri (b) County Jasper 0

(c) City or town Joplin "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. South east of City.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 10 years.

3. (a) PRINT FULL NAME Joseph Shelley Petty

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21
year 1941 hour 3:05 minute a M.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased: Jan. 1, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 20, 1941, to Aug 21, 1941; that I last saw him alive on Aug 20, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 7 20 hr. _____ min.

Immediate cause of death Coronary Occlusion of the

Duration _____

9. Birthplace Knightston Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation W. P. A.

Due to _____

Due to _____

Other conditions 94
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name David Petty

13. Birthplace Garfield England
(City, town, or county) (State or foreign country)

14. Maiden name Sarah O'Bion

15. Birthplace Knighston Indiana
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Wm. V. Petty

(b) Address Joplin, Missouri R F D

17. (a) Burial (b) Date thereof: 8-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Lanpher Mortuary

(b) Address Joplin, Missouri

19. (a) 8-22-41 (b) Ed D James
(Date received local registrar) (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? _____

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

23. Signature [Signature] (M. D. or other) 0

Address Joplin Mo Date signed 8-22-41

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

MOTHER FATHER

41-9-740

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 Jafelin m

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.