S. No. 2
I—4-13-40
v. 5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35256

Registration District No. 4 1 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: St Johns Hospital 6 WKS. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 58 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County JASPER 049 2 5
(c) City or town JOPLIN (If outside city or town limits, write "RURAL")
(d) Street No. 2830 JOPLIN. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ROBERT WHITED
3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex MALE 0
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife LAURA - (WIFE)
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased SEPT. 23 1867 (Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 29 If less than one day hr. min.

9. Birthplace SPRINGFIELD (City, town, or county) MO (State or foreign country)
10. Usual occupation PAPER CARRIER.
11. Industry or business JOPLIN GLOBE PUB CO
MOTHER FATHER
12. Name THOMAS WHITED.
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name KASSIAH REED.
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Laura Whited.
(b) Address Joplin Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/24/41 (Month) (Day) (Year)
(c) Place: burial or cremation Cook Memorial
18. (a) Signature of funeral director Hurlburt Funeral Co
(b) Address Joplin Mo
19. (a) 10-30-41 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22 year 1941 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from 9-2, 1940, to 10-22, 1941; that I last saw h. alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Rectum — Duration 3 yr.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Hb 8
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 [illegible] (M. D. or other) 0
Address Joplin Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

41-11-950

NOV 10 1948

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Joplin Mo

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

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