

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEC 17 1941

Registration District No. 411

Primary Registration District No. 5569

Registrar's No. _____

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Joplin Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution R. 3 - 1 (Galena Turn)
(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 Jackson 49

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

(d) Street No. R. 3 - Chubwood
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John Jackson Edwards

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21st
year 1941 hour 8.20 minute _____ M.

21. I hereby certify that I attended the deceased from Law only once 19 _____ to _____ 19 _____
that I last saw him alive on Nov 21 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Joy Edwards

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Feb 28 1877
(Month) (Day) (Year)

Immediate cause of death Pulmonary Hemorrhage

Due to Tuberculosis

Due to _____

8. AGE: Years 64 Months 8 Days 24 If less than one day _____ hr. _____ min.

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

Major findings: Of operations 136

Of autopsy _____

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

10. Usual occupation Miner

11. Industry or business _____

MOTHER FATHER

12. Name Unknown ?

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

14. Maiden name Unknown ?

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

16. (a) Informant Joy Edwards

(b) Address Joplin

17. (a) Burial (b) Date thereof Nov 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peace Cemetery

18. (a) Signature of funeral director Walt City

(b) Address Walt City

19. (a) He 27-41 (b) Ed D. Jensen
(To be received by 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? _____ (e) Means of injury Fire

23. Signature R. A. Maloney (Miner or other) DO

Address Joplin, Mo. Date signed 11/27/41

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

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.....

A. K. Mills

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

working under my personal supervision.

Signed *A. K. Mills*

Licensed Embalmer No. *347*

P. O. Address *Walt City*

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.

