

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38517

State File No.

DEC 17 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 602 Florida
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 602 Florida
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Bobby Gene Chasteen

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Sept. 22, 1938
(Month) (Day) (Year)

8. AGE: Years 3 Months 1 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name R. F. Chasteen

13. Birthplace Des Moines Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Eddson

15. Birthplace Macks Creek Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant my Ruby Chasteen
(b) Address 602 Florida

17. (a) Burial (b) Date thereof 11/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem

18. (a) Signature of funeral director Hurlbut Med Co
(b) Address Joplin, MO

19. (a) 11-22-41 (b) Ed D Jensen
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1941 hour 2 minute _____ P.M.

21. I hereby certify that I attended the deceased from Nov 1
1941, to _____, 1941;

that I last saw him alive on Nov 18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus
Tuberc. - Idios.

Due to _____

Due to _____

Other conditions 308
(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? _____

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

23. Signature A. P. Newton (M. D. or other) _____

Address 725 So. Bell Joplin Date signed 11-22-41

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 ^{NOT}.....

....., 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 with the above constitutes grounds for revocation of license.)

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