

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.
(c) Name of hospital or institution: Memorial Hall
(d) Length of stay: 40 Years
In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin Mo;
(d) Street No. 1805 W. 4th Ave.
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1941 hour 9:30 minute P.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw Did not see him alive
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral occlusion
Due to: Dead suddenly while attempting putting match as spectator
Other conditions: (Include pregnancy within 3 months of death)

Major findings: 94a
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?
(d) Did injury occur near or about home, on farm, in industrial place, in public place?

23. Signature: R. H. Webster (M. D.)
Address: W. 4th Ave. Mo. Date signed: Nov 28 1941

3. (a) PRINT FULL NAME Oliver C. Elliott

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

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

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

7. Birth date of deceased: Sept. 16, 1883
(Month) (Day) (Year)

8. AGE: 58 Years 2 Months 9 Days
If less than one day hr. min.

9. Birthplace Kansas City Mo;
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station

11. Industry or business Operator

12. Name John Elliott

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name Holder

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Helvie Johnson

(b) Address 1706 West 4th St Joplin Mo;

17. (a) Burial (b) Date thereof Nov. 29, 41
(Burial, cremation, or committal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem. Hurlbut Und. Co;

18. (a) Signature of funeral director Joplin Mo;
(b) Address

19. (a) 11-28-41 (b) Ed D James
(Date received local registrar) (Registrar's signature)

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

129

45
2
5-

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *901 E 4th*

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.