

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

2602

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 18 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. ....

1. PLACE OF DEATH: Jasper  
 (a) County Joplin City  
 (b) City or town Joplin City  
 (c) Name of hospital or institution: 306 Pearl St.  
 (d) Length of stay: In hospital or institution 37 years.  
 In this community 37 years.

2. USUAL RESIDENCE OF DECEASED: 40  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin Mo.  
 (d) Street No. 306 Pearl st.  
 (e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME Albert Anson Whitwell.

3. (b) If veteran, name war..... 3. (c) Social Security No. 491-01-5638

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Nov. 26th 1904.

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>I</u>	<u>23</u>	hr. min.

9. Birthplace Joplin Missouri

10. Usual occupation Presser.

11. Industry or business Same Purketts Ldy.

12. Name Bert Whitwell.

13. Birthplace Joplin Mo.

14. Maiden name Marie Cunningham, Kentucky

15. Birthplace.....

16. (a) Informant Bert Whitwell.

(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 1-20-42

(c) Place: burial or cremation Ozark Memorial Hurlbut Und. Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month I day 18th year 1942 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec. 13 1941 to Jan 18 1942 that I last saw him alive on Jan 17/42 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to ?

Due to.....

Other conditions 13 81

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?..... (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 J. A. Whitwell (M. D. or other) Joplin Mo. Date signed 1/19/42

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

MOTHER FATHER

Duration ( ? )  
Underline the cause to which death should be charged statistically.

42-1-82

**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 H. 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.**