

Registration District No. 492

Primary Registration District No. 2002

Registrar's No. 76

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

1. PLACE OF DEATH: JASPER  
 (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: FREEMAN HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 17 YRS (Specify whether  
 In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County JASPER  
 (c) City or town JOPLIN 047  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 312 BYERS  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDWIN EARL DORRANCE

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 9  
 year 1942 hour 1 minute 4 M.

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

21. I hereby certify that I attended the deceased from Feb 28  
1942 to Mar 8, 1942

4. Sex MALE 5. Color on race WHITE 6. (a) Single, widowed, married, divorced SINGLE

that I last saw h. wa alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

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

Immediate cause of death convulsions by coma 1 week

7. Birth date of deceased Oct 21 1924  
 (Month) (Day) (Year)

Due to Chronic interstitial nephritis since age 5

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>4</u>	<u>16</u>	_____ hr. _____ min.

Due to \_\_\_\_\_

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

Other conditions none  
 (Include pregnancy within 3 months of death)

10. Usual occupation STUDENT

Major findings: Of operations none 131  
 Of autopsy none

MOTHER FATHER { 12. Name E. E. DORRANCE  
 13. Birthplace Buenidge Missouri  
 (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER { 14. Maiden name EDNA ELY  
 15. Birthplace Neosho Missouri  
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant A. J. Ely  
 (b) Address Neosho Missouri

(a) Accident, suicide, or homicide (specify) no  
 (b) Date of occurrence \_\_\_\_\_

17. (a) REMOVAL (b) Date thereof March 9 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(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) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director [Signature]

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

(b) Address Neosho Missouri

23. Signature Arman A. LaFare (M. D. or other) MD

19. (a) 3-13-42 (b) Arthur S. Schaeffer  
 (Date received local registrar) (Registrar's signature)

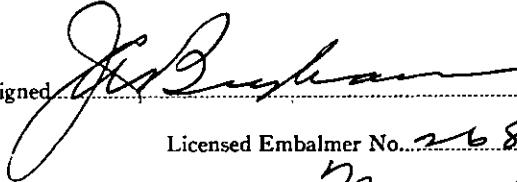
Address 607 main Joplin Mo Date signed Mar 10 1942

**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 .....

Licensed Embalmer No. 2689.....

P. O. Address Wash 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.**