. No. 2
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I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11056

State File No.

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 58

1. PLACE OF DEATH:

(a) County Jasper,
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 hours (Specify whether
In this community ~~5 years~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 047
(c) City or town Jasper City
(If outside city or town limits, write "RURAL")
(d) Street No. No. Number
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ---------

3. (a) PRINT FULL NAME Herald Ollie Needham

3. (b) If veteran, name war None

3. (c) Social Security No. 583-14-7703

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife Single

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

7. Birth date of deceased May 17th. 1921 (Month) (Day) (Year)

8. AGE: Years 20 Months 10 Days 0 If less than one day hr. min.

9. Birthplace Vernon County (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Sheet Metal Worker

11. Industry or business Factory Mechanic

FATHER
12. Name Ollie Needham
13. Birthplace Vernon Co. (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Loetta Baker
15. Birthplace Cedar Co. (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Ollie Needham
(b) Address Jasper, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18th 42 (Month) (Day) (Year)
(c) Place: burial or cremation Paradise Cemetery

18. (a) Signature of funeral director Chas. J. Teeter
(b) Address Jasper Mo

19. (a) March 18, 1942 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 17 year 1942 hour 1:05 minute A.M. M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw him alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull, brain hemorrhage, shock

Due to Automobile Collision

Due to Car collided with truck

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 170 C-8
Of autopsy 22

Duration

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 047
(b) Date of occurrence Mch 15 1942
(c) Where did injury occur? Jasper (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? (e) Means of injury

23. Signature R. N. Webster Coroner (M. D. or other)
Address Carthage Mo Date signed Mch 17 42

(Licensed Embalmer's Statement on Reverse Side)

42.3.311

SEP 30 1943

SEP 2 1943

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 Howard E. Simpson, Registered Apprentice No. ....., working under my personal supervision.

Signed Chas. J. Teeter

Licensed Embalmer No. 2366

P. O. Address Jayson 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.