

FILED AUG 13 1942

Registration District No. ....

Primary Registration District No. ....

Registrar's No. **312**

49  
52  
52  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(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: St. John's Hosp. O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Jasper 49  
(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 327 No. Walnut 5  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country O

3. (a) PRINT FULL NAME Bobby Jean Shira

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. O

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

7. Birth date of deceased. 7 15 42  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Joplin MO. O  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Osa Wilbur Shira

13. Birthplace Jane Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Helma Juanita Derrick

15. Birthplace Texark Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Osa W. Shira

(b) Address 327 No. Walnut Joplin, MO.

17. (a) Burial (b) Date thereof 7 29 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director Roxey Funeral Home

(b) Address Carl Junction, Mo.

19. (a) 8-4-42 (b) Hertand Sudholter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25  
year 42 hour 2:00 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 15 - 42  
1942 to July 26 1942

that I last saw him alive on July 26 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Pneumonia

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 159

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 O

23. Signature V.E. Berman (M. D. or other) \_\_\_\_\_

Address 311 Union Park Date signed 7-28-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

42-7-655

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**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 *Stuart D. Parker*.....

Licensed Embalmer No. *2548*.....

P. O. Address *Johns...*.....

**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.**