

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. **400**

1. PLACE OF DEATH:

(a) County **JASPER**

(b) City or town **JOPAIN**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
NURSING HOME # 1811 GRAND
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 mos**
(Specify whether years, months or days)

In this community **6 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **JASPER**

(c) City or town **JOPAIN**
(If outside city or town limits, write "RURAL")

(d) Street No. **1017 W B**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **WILLIS BRY**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, married, divorced **SINGLE**

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

7. Birth date of deceased **APRIL 8 - 1868**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT** day **17**
year **1942** hour **11** minute _____ P. M.

21. I hereby certify that I attended the deceased from **June 18, 42** to **Sept 17, 42**
that I last saw him alive on **Sept 17, 42** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis** Duration _____

8. AGE:

Years	Months	Days	If less than one day
74	5	9	hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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

9. Birthplace (City, town, or county) **KY 1** (State or foreign country)

10. Usual occupation **MINER**

11. Industry or business **ZINC MINES**

MOTHER { 12. Name **UNKNOWN**

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

14. Maiden name **Unknown**

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

16. (a) Informant **A. D. TOMLINSON**

(b) Address **JOPAIN, MO.**

17. (a) **BURIAL** (b) Date thereof **SEPT 19 - 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST PARK**

18. (a) Signature of funeral director **F. HUNSAKER**

(b) Address **1502 JOPAIN**

19. (a) **9-18-42** (b) **Quetred Sudholler**
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature **G. G. Coates** (M. D. or other) **no**

Address **306, W. Main St., Joplin** Date signed **9/18/42**

1207 (Licensed Embalmer's Statement on Reverse Side)

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

49
2
3

42-9-827

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 F. M. Jones
Licensed Embalmer No. 2319
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.