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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

33969

BUREAU OF THE CENSUS
FILED NOV 17 1942

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 454

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. JOHNS HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 YRS (Specify whether years, months or days)

In this community 26 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JASPER

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

(d) Street No. 502 MOFFETT
(If rural, give location)

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

3. (a) PRINT FULL NAME MARION B. YOUNG BLOOD.

3. (b) If veteran, name war no 3. (c) Social Security No. 491-01-3286

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced 3 DIVORCED

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

7. Birth date of deceased AUG. 29 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 19 If less than one day hr. min.

9. Birthplace EVANSVILLE IND. 1
(City, town, or county) (State or foreign country)

10. Usual occupation EMPLOYE EMPIRE DIST E. CO

11. Industry or business " H W.

MOTHER FATHER

12. Name no record

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Taylor
(b) Address Joplin Missouri

17. (a) BURIAL (b) Date thereof 10-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) -Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Hurlbut Lumber Co
(b) Address Joplin - Miss -

19. (a) 10-23-42 (b) Estimote Shorthall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18
year 1942 hour 6 30 minute A.M.

21. I hereby certify that I attended the deceased from Oct 3
1942 to Oct. 18 1942
that I last saw h. im alive on Oct 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Shock following surgical operation.

Due to Illiosotomy, General cancer of abdomen. unknown

Due to..... 55e

Other conditions (Include pregnancy within 3 months of death)

Major findings: General cancer of abdomen, Illiosotomy.

Of operations.....

Of autopsy.....

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) NO

(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) Manner of injury..... 0

23. Signature W. H. Hurlbut (M. D. or other) 0
Address Joplin Mo Date signed Oct 19

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

-922-

OCT 11 1944

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 *Perry K. Furbush*
Licensed Embalmer No. 95-9
P. O. Address *Josephine Hill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33964

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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 Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL.")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Mike Youngblood

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year _____ hour _____ minute _____ M.

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

4. Sex _____ 5. Color or race _____

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

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

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

Immediate cause of death: Shock following surgical operation

Due to: illiosotomy general

Due to: causes of abdomen

Other conditions (include pregnancy within 3 months of death): unshown

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

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

Major findings: General causes of abdomen

Of operations: illiosotomy

Of autopsy: _____

PHYSICIAN _____
Underline (also to which death should be charged statistically).

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____
While at work _____ (Specify type of place) (Cause of injury)

Address _____ Date signed 11/30/42

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

SUPPLEMENTARY

S-33969 1942