

FILED DEC 11 1942

Registration District No. 155

Primary Registration District No. 5578

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin Twp.
(c) Name of hospital or institution: none
(d) Length of stay: In hospital or institution 6 YRS.
In this community 6 YRS.

3. (a) PRINT FULL NAME Orval LeRoy Stone

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, 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 Dec. 22 1910

8. AGE: Years 32 Months 10 Days 19
If less than one day hr. min.

9. Birthplace Camben Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel Clerk

11. Industry or business

MOTHER FATHER
12. Name George M. Stone
13. Birthplace No Record
14. Maiden name Dora Blunt
15. Birthplace No Record

16. (a) Informant Mrs. Olive Steele

(b) Address Joplin Mo.

17. (a) Burial, cremation, or removal Forest Park
(b) Date thereof 11-12-42

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address 212 Joplin, Joplin, Mo.

19. (a) Nov. 11, 1942 (b) Mrs. Lillie Eagle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 4 miles east on 20 th St.
(e) Citizen of foreign country? No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 th
year 1942 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5 PM to 5:30 PM
Nov 9 1942 to Nov 9 1942
that I last saw him alive on 5 PM, Nov 9th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Tuberculosis
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)
13h!

Major findings: Of operations

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?
(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 W. E. Loveland (M. D. or other)
Address Joplin Mo Date signed 11/11/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Loveland

JUL 13 1948

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 *Terry K. Spulker*

Licensed Embalmer No. *95-9*

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.