S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41063

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 537

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: 1213 Kentucky Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JASPER 49 2
(c) City or town JOPLIN 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1213 KENTUCKY AVE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOEL MARTIN SHIGLEY
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife ADDIE E SHIGLEY 6. (c) Age of ~~husband or~~ wife if alive 68 years
7. Birth date of deceased JULY (Month) 16 (Day) 1871 (Year)

8. AGE: Years 71 Months 5 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace LANSING (City, town, or county) MICHI (State or foreign country)
10. Usual occupation CARPENTER RETIRED
11. Industry or business .....
FATHER
12. Name GEORGE G SHIGLEY
13. Birthplace GREEN CO (City, town, or county) OHIO (State or foreign country)
MOTHER
14. Maiden name ~~UNKNOWN~~ MARY ANN BOGTS
15. Birthplace ~~UNKNOWN~~ (City, town, or county) JAMESTOWN, OHIO (State or foreign country)
16. (a) Informant Addie E. Shigley
(b) Address Joplin, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation MOUND VALLEY, KAN
18. (a) Signature of funeral director Anderson Funeral Home
(b) Address Joplin Mo
19. (a) 12-9-42 (Date received local registrar) (b) Gertrude Sandhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 5 year 1942 hour 9 minute 15 M.
21. I hereby certify that I attended the deceased from Jan. 1940 to Dec. 5 1942 that I last saw him alive on Dec. 5 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 3 yrs +
Due to Influenza (probably) Fn.
Due to .....
Other conditions ✓
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

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) .....
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature Robt. L. Neff (M. D. or other) M.D.
Address Joplin, Mo. Date signed 12/7/42

1204

(Licensed Embalmer's Statement on Reverse Side)

42-12-1103

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 Jay T. Anderson

Licensed Embalmer No. 2142

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.