

No. 2
-5-42
-17-39
X32287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6653

State File No.

LED MAR 4 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 92

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 6 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2409 Connor avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Lois Ann Schulz

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

4. Sex Fe 5. Color of race W 6. (a) Single, widowed, married, divorced, infant
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 1st 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 14 hr. min.

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

10. Usual occupation Infant

11. Industry or business

12. Name John Frank Schulz

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

14. Maiden name Lois Blanche Hubert

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

16. (a) Informant John Frank Schulz

(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof Feb. 17-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora, Ind.

18. (a) Signature of funeral director Hurlbut Und. Co
(b) Address Joplin, Missouri

19. (a) 2-15-43 (b) Gestund Scholter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1943 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Jan 18 1943
to Feb 14 1943
that I last saw him alive on Feb 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Hydrocephalus
2 meningitis

Due to infected meningococci of lumbar area

Other conditions (Include pregnancy within 3 months of death)

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?..... (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: D. B. Ehle for M. D. or other
Address: Joplin Mo Date signed

Duration of birth
Physician
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1204 (Licensed Embalmer's Statement on Reverse Side)

43-2-117

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.....

Ray K. Hurlbut

Licensed Embalmer No.....

959

P. O. Address.....

Josephine Mico

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.