S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 14

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15015

Registration District No. 244

Primary Registration District No. 5834, 5835

Registrar's No. 13.

73
0
0

1. PLACE OF DEATH:

(a) County: J##### Newton

(b) City or town: Joplin Rural Sholecreek
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 12

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Newton

(c) City or town: Rural 5 Mi. South of Joplin
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME: George Arthur Wandell

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Minnie Wandell

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: May (Month) 25 (Day) 1885 (Year)

8. AGE: Years 57 Months 11 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace: Fredonia (City, town, or county) Kansas (State or foreign country) /

10. Usual occupation: Musician

11. Industry or business: Show

MOTHER FATHER

12. Name: W. E. Wandell

13. Birthplace: Mason City Ill. (City, town, or county) / (State or foreign country)

14. Maiden name: Bell Seaman

15. Birthplace: Sedalia (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant: Mrs. Minnie Wandell

(b) Address: R#2 Joplin Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4 (Month) 12 (Day) 1943 (Year)

(c) Place: burial or cremation: Leon Kansas

18. (a) Signature of funeral director: Parker-Hunsaker

(b) Address: 1502 Joplin St. Joplin Mo.

19. (a) 4-15-1943 (Date received local registrar) (b) Mrs. U. S. Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1943 hour 4 minute P M.

21. I hereby certify that I attended the deceased from 3-8, 1943 to 4-6, 1943 that I last saw him alive on 4-6, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	
~~Due to~~ ~~Flu~~	
~~Due to~~: Pulmonary T. B.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: BFI	
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) .....

(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 0

23. Signature: Ed D James (M. D. ~~or other~~)

Address: Joplin - Mo Date signed 4-10-43

(Licensed Embalmer's Statement on Reverse Side)

Date Received MAY 5 1943
File no. 543-95

MAY 11 1943

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 Steve Parker

Licensed Embalmer No. 2548

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.