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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25200

State File No.

FILED AUG 11 1945

Primary Registration District No. 2001

Registrar's No. 405

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:
Freeman Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours;
(Specify whether
In this community 15 years
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. 415 St. Louis Ave;
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Noah Dyer Annis

3. (b) If veteran, name war No 3. (c) Social Security No. 500-09-1231

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie Annis; 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Feb. 28 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 4 27 hr. min.

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

10. Usual occupation laborer;

MOTHER FATHER { 11. Industry or business

12. Name Noah Annis
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Minnie Annis
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address 415 St. Louis Ave Joplin Mo

17. (a) Burial (b) Date thereof July 28, 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gask Memorial

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

(b) Address Joplin Mo;

19. (a) 7-28-43 (b) Gutwirth Sudhockte
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 25, day 1943
year hour 1-30 P. M. minute M.

21. I hereby certify that I attended the deceased from July 24
19 43 to July 25 1943
that I last saw him alive on July 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration
Heat exhaustion with an extremely high temperature above 110 degrees. 8 hrs.
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 19/1/1 99
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) 122
(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?

White at work? (Specify type of place) (e) Means of injury

23. Signature J. Schletter (M. D. or other)
Address 527 Frisco Bldg. Joplin, Missouri Date signed 7-28-43

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

43-1-670

STATE
DEPT.
OF HEALTH
DIVISION
OF HEALTH
CARE

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 T. Wheeler*

Licensed Embalmer No. *959*

P. O. Address *Daphn*

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.

Registration District No. 156

Primary Registration District No. 2001

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: Freeman Hosp
(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 _____
(Specify whether years, months or days)

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. 415 St Louis Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Noah D Annis

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 m

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jul 28 - 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 17
If less than one day _____ min.

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

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 Roy Annis (Son)

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
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) _____

(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) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPERLENTARY

5-25200