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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28521

State File No.

Registrar's No.

490

Primary Registration District No. 2001

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

FILED SEP 13 1943
Registration District No. 56

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:
3027 East 9th St ; /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 44 years;
years, months or days)

3. (a) PRINT FULL NAME Frank South

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Myrtle M. South

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased: Feb. 25, 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	6	4	hr. min.

9. Birthplace Moweaqua Illinois;
(City, town, or county) (State or foreign country)

10. Usual occupation Street Inspector

11. Industry or business city of Joplin

MOTHER FATHER {

12. Name John South

13. Birthplace Ill;
(City, town, or county) (State or foreign country)

14. Maiden name Helen Armstrong;

15. Birthplace Ill;
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle M South

(b) Address 3027 E. 9th St; Joplin Mo;

17. (a) Burial Burial (b) Date thereof 8-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Prk Cem.

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

(b) Address Joplin Mo

19. (a) 8-31-43 (b) Helen Armstrong
(Date received local registrar) (Registrar's signature)

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. 3027 East 9th St;
(If rural, give location)

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

If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29 1943
year _____ hour 11-15 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from APRIL 1
1943 to AUGUST 29, 1943
that I last saw him alive on AUGUST 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death MITRAL STENOSIS

Duration 12 YEARS

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) (a) Means of injury

23. Signature P. M. Lane (M. D. or other) DO.

Address CARTERSVILLE MO Date signed 8-31-43

43-8-761

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 *Ferry L. Hurlbut*

Licensed Embalmer No. *959*

P. O. Address *Spilva Meo*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **FILED SEP 13 19**

Registration District No. 156 Primary Registration District No. _____ Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper
(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) _____ (Specify whether
years, months or days)

In this community _____

3. (a) PRINT FULL NAME Frank South

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle M 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb - 25 - 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days _____ (Unless 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 _____

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 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 _____

SUPPLEMENTARY

OCT 13 1947

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