

FILED APR 26 1944

Registration District No. 26

Primary Registration District No. 2001

Registrar's No. 180

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. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether)

In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 424 Pennsylvania 5
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Oron Willis Stuard

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1944 hour 7 minute 30 P.M.

3. (b) If veteran, name war none

3. (c) Social Security No. unknown

21. I hereby certify that I attended the deceased from Mar-9-1944 to April-5-1944,
that I last saw him alive on April-5-1944,
and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race white

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

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

7. Birth date of deceased June 15, 1879
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Due to auricular fibrillation 4 yrs
i. decompensation 3-400

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>9</u>	<u>21</u>	_____hr. _____min.

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

Major findings: None

Of operations _____

Of autopsy None

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation waiter

11. Industry or business _____

MOTHER FATHER {

12. Name Jack Stuard

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Lily Stuard

(b) Address 424 Pennsylvania, Joplin, Mo.

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? _____

17. (a) burial (b) Date thereof 4/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

23. Signature O.T. Blank (M. D. or other) M.D.
Address 225 Euclid Bldg. Joplin Mo. Date signed 4-6-44

19. (a) 4-6-44 (b) Justin D. Duester
(Date received local registrar) (Registrar's signature)

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

79
2
5

1204

44-4-329

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 F. M. Jones

Licensed Embalmer No. 2319

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.