

FILED JAN 16 1945  
 Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 631

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Joplin  
 (c) Name of hospital or institution St Johns Hospital  
 (d) Length of stay: In hospital or institution 1 day  
 In this community 30 Days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin  
 (d) Street No. 1924 Park Ave  
 (e) Citizen of foreign country? No.

3. (a) PRINT I. T. Stafford  
 FULL NAME  
 3. (b) If veteran, name war No.  
 3. (c) Social Security No.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 30  
 year 1944 hour 12 minute 55 P M.

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (c) Age of husband or wife if alive 64 years  
 7. Birth date of deceased Jan 7 1871

21. I hereby certify that I attended the deceased from 18<sup>th</sup> Dec. 1944 to Dec. 30 1944  
 that I last saw him alive on 12-30-44  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Ch. myocarditis

8. AGE: Years 73 Months 11 Days 23  
 If less than one day hr. min.

Due to (C)  
 Due to 93  
 Other conditions (include pregnancy within 3 months of death)  
 Major findings: Of operations  
 Of autopsy

9. Birthplace Mountainberg Arkansas  
 10. Usual occupation Retired

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

11. Industry or business  
 12. Name Issas Stafford  
 13. Birthplace Kentucky  
 14. Maiden name Beckie Gibson  
 15. Birthplace Kentucky

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?  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mrs Ruby Lee Mrowicki  
 (b) Address 1924 Park  
 17. (a) Removal (b) Date thereof JAN - 1 1945  
 (c) Place: burial or cremation Van Buren Ark Hurlbut Und Co.

While at work? (Specify type of place)  
 (e) Means of injury  
 23. Signature J. J. Choumelt (M. D. or other)  
 Address Joplin Mo Date signed 12/30/44

18. (a) Signature of funeral director Joplin, Mo  
 (b) Address  
 19. (a) 12-30-44 (b) J. J. Choumelt  
 (Date received local registrar) (Registrar's signature)

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

19  
 2  
 5

1209

44-12-1077

**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. Hurd*

Licensed Embalmer No. *959*

P. O. Address *Open Hill*

**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.**