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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17216

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 265

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 718 Indiana ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 6 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. 718 Indiana 5
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John T. Napier
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
6. (b) Name of husband or wife Lillie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 8 (Day) 1891 (Year)

8. AGE: Years 54 Months 4 Days 0 If less than one day hr. min.

9. Birthplace Dont Kuaw 4 (City, town, or county) (State or foreign country)
10. Usual occupation South West Sash & Door Wks
11. Industry or business Mill Worker
FATHER
12. Name Dont Kuaw
13. Birthplace Dont Kuaw 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dont Kuaw
15. Birthplace Dont Kuaw 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Lillie Napier
(b) Address 718 Indiana ave
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem
18. (a) Signature of funeral director Thornhill Dillon
(b) Address 305 W. 4th St
19. (a) 6-11-45 (Date received local registrar) (b) Gertrude Sudhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1945 hour 11 minute P M.
21. I hereby certify that I attended the deceased from June 4 1945 to June 8 1945 that I last saw him alive on June 8 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthenia
Due to Cachexia
Due to Prostate & Hemorrhage
Other conditions Tract
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 2
23. Signature D W Kerfelt (M. D. or other) PO
Address 211 Joplin Date signed 6/9/45

1204

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 16 1945

Kerfelt

45-5-485

JUN 16 1945

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 Cecil a Thornhill

Licensed Embalmer No. 3590

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.