

S. No. 2
DM-2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 3 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37611**

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: 1
(If not in hospital or institution, write street number or location)

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

In this community All of life
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") **5**

(d) Street No. 1706 Jackson
(If rural, give location)

(e) Citizen of foreign country? no **0** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Fred Efton Ohler

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1945 hour 9 minute 8 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

4. Sex M **D** 5. Color or race W **U** 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased March 15, 1945
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pneumonia (bacterial)

8. AGE: Years Months Days If less than one day

8 hr. _____ min.

Due to _____

Due to _____

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

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

Major findings: Of operations _____

10. Usual occupation _____

11. Industry or business _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Efton Ohler

13. Birthplace Ava Okla
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Mae Bigee

15. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Efton Ohler

(b) Address 1706 Jackson, Joplin, Mo

17. (a) Burial (b) Date thereof 11-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

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? _____

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

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 11-19-45 (b) Ed D. Janner
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 0

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

Address Joplin, Mo. Date signed 11/16/45

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

19
2
5

1404

45-11-903

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

Jay Hill, 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.