

FILED DEC 17 1946
Registration District No. **136**

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: **St. Johns Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Infant West**

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 **child**

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

7. Birth date of deceased: **Dec. 1, 1946**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **2** hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Harlen West**

13. Birthplace **Fairview Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Beulah Mae Romsour**

15. Birthplace **Newtonia Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harlen West**

(b) Address **3111 E. 8th Joplin Mo.**

17. (a) **burial** (b) Date thereof **12-1st, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Newtonia Mo.**

18. (a) Signature of funeral director **Parker-Hungaker**

(b) Address **1502 Joplin St. Joplin Mo.**

19. (a) **12-2-46** (b) **Ed Jasper**
(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. **3111 E. 8th**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **1**
year **1946** hour **6** minute **A** M.

21. I hereby certify that I attended the deceased from **Dec 1**
19 **46** to **Dec 1** 19 **46**
that I last saw h _____ alive on **Dec 1**
and that death occurred on the date and hour stated above.

Immediate cause of death **Stillborn** Duration **2 hrs.**

Due to **Prematurity 5 1/2 months**

Due to _____

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

Major findings: **159**
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? **(1)**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Ernest Mitchell** (M. D. or other) **M.D.**

Address **Joplin Mo** Date signed **12-2-46**

46-11-1026

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.