

No. 2-12-45-17-39 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13841

State File No. _____

FILED MAY 8 1947

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: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 Years (years, months or days)

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. 1922 Picher
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1947 hour 11:40 minute P. M.
21. I hereby certify that I attended the deceased from 2-27 1947 to 3-8 1947
that I last saw him alive on 3-8-47 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the rectum
Duration: July 47

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
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? _____

(Specify type of place) _____
(While at work?) _____ (e) Means of injury _____
23. Signature: [Signature] (M. D. or other) _____
Address: Joplin Mo Date signed: 3/11/47

3. (a) PRINT FULL NAME Thomas Walter Fly

3. (b) If veteran, name war No 3. (c) Social Security No. 491-01-6953

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cletus Fly 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 20, 1883 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	11	16	hr. min.

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

10. Usual occupation Decorator & Carpenter

11. Industry or business _____

MOTHER FATHER

12. Name L. D. Fly

13. Birthplace Barry Co. Mo. (State or foreign country)

14. Maiden name Theodora Sneed

15. Birthplace Barry Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ralph W. Fly

(b) Address 1922 Picher, Joplin Mo.

17. (a) Burial (b) Date thereof 3-11-47 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Mo

19. (a) 3/13/47 (b) [Signature] (Date received local registrar) (Registrar's signature)

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

47-3-328
JUN 21 1948

MAR 4 1959

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..... *Terry K. Hurlbut*
Licensed Embalmer No. *95-9*
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.