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K47070

FILED MAY 26 1947

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Mineral
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co TB Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Albert Everett

3. (b) If veteran, name war. No. 3. (c) Social Security No. 4

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased. Dec 11 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation mail carrier

11. Industry or business.

12. Name James A. Everett 9

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

14. Maiden name Coranne Hank

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

16. (a) Informant Records

(b) Address

17. (a) Burial (b) Date thereof May 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Walt City

(b) Address Walt City

19. (a) MAY 14 1947 (b) Walt City
(Date received local registrar) (Registrar's signature)

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. Joplin Hotel 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1947 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from May 8, 1947 to May 13, 1947
that I last saw him alive on May 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary Tuberculosis

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations MB
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:

(c) 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?

While at work? (Specify type of place) (c) Means of injury 0

Signature James E. Daughan (M. D.)
Address Walt City Mo Date signed 5/13/47

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

47-5-423

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 Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.