S. No. 2
M—2-43
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1493

Registration District No. 1516 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County ~~Wm Marks Arehart~~ Jasper
(b) City or town Joplin Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper
(c) City or town Joplin Mo. ~~2115 Joplin~~
(If outside city or town limits, write "RURAL")
(d) Street No. 2115 Joplin
(If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Wm Marks Arehart
3. (b) If veteran, name war no
3. (c) Social Security No. 496-20-2054
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Marr.
6. (b) Name of husband or wife Mrs Grace Arehart
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased March (Month) 19 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
70	9	13	hr. min.

9. Birthplace (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Broom Maker
11. Industry or business
MOTHER FATHER
12. Name Columbus Arehart
13. Birthplace (City, town, or county) Unknown (State or foreign country)
14. Maiden name Emma Main
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Grace Arehart
(b) Address 2115 Joplin St. Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Swans Prairie Bapt. Ch. Cem.
18. (a) Signature of funeral director Bissmore Fun Home
(b) Address Seneca Missouri
19. (a) 1-10-48 (Date received local registrar) (b) Dolores Hopkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2 year 1948 hour ~~[illegible]~~ 5 minute 10 P.M.
21. I hereby certify that I attended the deceased from Did Not Attend, 19..; that I last saw him alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	
Due to Bronchial asthma	1 hr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operation	
Of autopsy	

PHYSICIAN: Underline the cause to which death should be charged statistically.

DR. Carolyn Jones Coroner Jasper County State of Missouri OFFICIAL SEAL

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? (Specify type of work) (Means of injury)
Signature (Name or other)
Address 2114 Joplin Date signed 1-13-48

(Licensed Embalmer's Statement on Reverse Side)

48-1-40

FEB 5 1948

DEC 27 1950

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.