

S. No. 2
OM-5-43
v. 5-17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16691

FILED JUN 12 1948

Registration District No. 136

Primary Registration District No. 200

Registrar's No. _____

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

1. PLACE OF DEATH: Jasper

(a) County Joplin

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Joplin General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 hrs 13 min
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas

(b) County LaBette

(c) City or town Oswego, Kansas
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John David Carlton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race wh

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 27 years 48 years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____

If less than one day 14 hr. 13 min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name William Ottis Carlton

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

14. Maiden name Eletha May Correll
(City, town, or county) (State or foreign country)

15. Birthplace Cherokee Co. Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant William O Carlton

(b) Address Oswego, Kansas

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof May 28 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Oswego, Kansas

18. (a) Signature of funeral director I Thornhill - Dillon

(b) Address 305 W. 4th - Joplin, Mo

19. (a) 5-29-48
(Date received local registrar)

(b) Robert Dempsey
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1948 hour 11:05AM minute _____ M.

21. I hereby certify that I attended the deceased from May 27, 1948
to May 28, 1948
that I last saw him 1m alive on May 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart and respiratory failure

Immaturity and atelectasis

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 2

Signature RP Mays (M.D. or other)

Address 521 West Fourth Joplin, Mo 5/29/

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.....

Jesse O. Sullivan....., Registered Apprentice No. 49
 working under my personal supervision.

Signed Carl A. Thumhill.....

Licensed Embalmer No. 3590

P. O. Address Jane Mission.....

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.