

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

National Office of Vital Statistics

FILED AUG 17 1948

Registration District No. **136**

Primary Registration District No. **201**

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:
823 N. Landreth St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community **All his life**
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. **823 N. Landreth**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Earl Douglas, Jr.**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **5**
year **1948** hour **12:13** minute **a** M.

21. I hereby certify that I attended the deceased from _____, 19**46** to **Aug 5**, 19**48**
that I last saw him alive on **Aug 2**, 19**48**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Eloise** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased: **Jan. 14**, **1891**
(Month) (Day) (Year)

Immediate cause of death: **Bronchopneumonia**

Due to **Silicosis** **years**

Due to **Bronchitis** **years**

Other conditions: **chronic myocarditis**
(Include pregnancy within 3 months of death)

8. AGE: Years **57** Months **6** Days **21**
If less than one day _____ hr. _____ min.

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy **9/3/48**

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

10. Usual occupation **Miner**

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 _____

Signature **W. J. Jones** (M.D. or other) _____
Address **Joplin, Mo** Date signed **8-5-48**

MOTHER FATHER

11. Industry or business _____

12. Name **Frank Douglas**

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

14. Maiden name **Carrie Russell**

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

16. (a) Informant **Earl Douglas**

(b) Address **823 North John St.**

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

(b) Date thereof **8-7-48** (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark Mem. Cem.**

18. (a) Signature of funeral director **Haribut-Glover No**

(b) Address **422 Sgt. Joplin**

19. (a) **S. B. C. P.** (Date received local registrar)

(b) **Delores Tompkins** (Registrar's signature)

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

9
2
5

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 _____

Dale Glover

Registered Apprentice No. *87*

working under my personal supervision.

Signed _____

Ray K. Furlbert

Licensed Embalmer No. *959*

P. O. Address _____

Joplin, Miss

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.