

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:  
St John's Hospital **O**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Days  
(Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton **73**

(c) City or town Neosho **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. Big Spring Inn **2**  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **1**  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME HARRY H. BRANDENBURG

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

4. Sex Male (M) 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 March 14th. 1884  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th.  
year 1948 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from 12-3-  
1948, to 12-28, 1948;  
that I last saw him alive on 12-28, 1948;  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>9</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage **Duration 4 days**

Due to Arterial sclerosis **sev. yrs.**

Due to Partial heart block **Apprx. 3-4 wks.**

9. Birthplace UNKNOWN **7**  
(City, town, or county) (State or foreign country)

10. Usual occupation Ass't. Night Manager

11. Industry or business Big Spring Inn

12. Name UNKNOWN **9**

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

14. Maiden name UNKNOWN **9**

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: gsw

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

16. (a) Informant St. John's Hospital

(b) Address Joplin, Mo.

17. (a) Removal (b) Date thereof Dec 29, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Independence, Kansas

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

(b) Address 305 West 4th St. Joplin, Mo.

19. (a) 12-29-48 (b) Col. J. Jasper  
(Date received local registrar) (Signature)

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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Frank Taylor (M. D. or other) **O**  
Address 416 Jackson, Joplin, Mo Date signed 12-28-48

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

49  
2  
5  
Dr. De. Inv. Sr.

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**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.....

*Edmund D. King*  
.....

Licensed Embalmer No. *3566*

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.**