

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5285

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 84	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper 44			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place) 50 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1028 Sergeant Ave.				d. STREET ADDRESS (If rural, give location) 1028 Sergeant Avenue			
3. NAME OF DECEASED (Type or Print) George		a. (First) George		b. (Middle) Thomas		c. (Last) EGNER	
4. DATE OF DEATH Feb. 20, 1949		5. SEX Male D		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed L	
8. DATE OF BIRTH Sept. 9, 1870		9. AGE (in years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cattle Buyer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ashgrove, Missouri D	
12. CITIZEN OF WHAT COUNTRY? U.S.				13a. FATHER'S NAME William Egner		13b. MOTHER'S MAIDEN NAME Nancy Urie	
14. NAME OF HUSBAND OR WIFE Emma M. Egnor				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Allie Fundell				ADDRESS 1028 Sergeant Joplin			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT: SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/30/1948, to 12-2, 1948, that I last saw the deceased alive on 12-2, 1948, and that death occurred at 4:57A.m., from the causes and on the date stated above.							
23a. SIGNATURE W. G. Egan (Degree or title)				23b. ADDRESS Dr. W. G. Egan, Mo		23c. DATE SIGNED 7/23/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 22, 1949		24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery Joplin, Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 2-25-49		REGISTRAR'S SIGNATURE Ed. James 138 by Dale Thompson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Joplin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 4844
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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Cecil A. Thordice

Licensed Embalmer No. 3590

P. O. Address Juphin, 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.