

DEC AUG 11 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25614

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 4<sup>th</sup>  
 (b) Township Joplin Primary Registration District No. 2007 Registered No. General Hospital  
 (c) City Joplin (d) Street No. General Hospital St. General Hospital  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yes mos. ds. (f) How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 2519 E 3rd St St. Joplin Mo 22 yrs  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
 4. COLOR OR RACE W  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas22. I HEREBY CERTIFY That I attended deceased from 5-28-38, 1938, to 7-19-38, 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1872I last saw her alive on 7-19-38, 1938. Death is said to have occurred on the date stated above, at 11:50 PM,7. AGE YEARS 66 MONTHS 1 DAYS 1 LESS than 1 day, 1 hrs. or 1 min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. home duties  
 9. Industry or business in which work was done, as saw mill, bank, etc. home duties  
 10. Date deceased last worked at this occupation (month and year) June 1938  
 11. Total time (years) spent in this occupation 1

Date of onset

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Green Co MissouriOther contributory causes of importance: Hb13. NAME Hendrick14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Don't knowName of operation none Date of none15. MAIDEN NAME " "What test confirmed diagnosis? none Was there an autopsy? no16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) no record

23. If death was due to external causes (violence), fill in also the following:

17. INFORMANT (ADDRESS) Joplin, MoAccident, suicide, or homicide? no Date of injury no18. BURIAL (CREMATION OR REINTERMENT) PLACE Forest Park DATE 7-21-38Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. R. FreemanManner of injury noNature of injury noWas disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) W. R. Freeman M.D.20. FILED 22 1938 Ed J. Jones Local Registrar(Address) Joplin, Mo

**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 *Steve Parker* .....

Licensed Embalmer No. *2548* .....

P. O. Address *York Pa* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**