

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. La Foree  
AUG 11 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25615  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
(b) Township Jasper Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
(c) City Joplin (d) Street No. Shreeman Hospital St. \_\_\_\_\_  
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 729 1/2 Central Ave. St.  Carthage, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Penimore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1862

7. AGE YEARS 76 MONTHS 3 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

12. BIRTHPLACE (CITY OR TOWN) Van Wert (STATE OR COUNTRY) Iowa

FATHER 13. NAME E. W. Pierce  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Mary Crisswell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Gene Penimore (ADDRESS) Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE July 22, 1938

19. FUNERAL DIRECTOR (NAME) Shell Mortuary (ADDRESS) Carthage, Missouri

20. FILED 7-22-38 Ed J. Jorace Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to July 20, 1938  
I last saw him alive on July 20, 1938. Death is said to have occurred on the date stated above, at 5 P.M.  
The principal cause of death and related causes of importance were as follows:

Appendiceal abscess operated June 30 1938  
7/11-38 drainage  
12/1

Other contributory causes of importance: Pulmonary Embolus, July 30 1938

Name of operation Appendectomy & drainage of 7-11-38  
What test confirmed diagnosis? Op. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) A. A. La Foree M. D.  
(Address) 312-2 Mills Bldg Joplin Mo.

STATEMENT OF THE LICENSED EMBALMER  
OF THE STATE OF MISSISSIPPI

**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 \_\_\_\_\_

Licensed Embalmer No. 391

P. O. Address \_\_\_\_\_

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

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