

SEP 23 1938

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

29188
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. 5159
 (c) City Joplin (d) Street No. St. John's 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. Miss Ida Ellen LaRue St. Galena, Kansas
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 70
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retail
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada, Missouri

FATHER 13. NAME Wm. L. Danner, Lame

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) in. Cal. 0

MOTHER 15. MAIDEN NAME Mary Ingram

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

17. INFORMANT (ADDRESS) Eugene LaRue, Pittsburg, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Nevada Mo DATE 8/9 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. L. Danner, 2002

20. FILED 8-9 1938 Ed. Danner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1938

22. I HEREBY CERTIFY, THAT I attended deceased from 8/1/38 1938 to 8/7/38 1938
 I last saw her alive on 8/1/38 1938 Death is said to have occurred on the date stated above, at 9:00 m.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Coronary Occlusion Date of onset

Other contributory causes of importance: 9413

Name of operation none Date of ETG
 What test confirmed diagnosis? ETG 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 no
 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 no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) Wm. L. Danner M. D.
 (Address) 6. Pittsburg Mo.

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

RECEIVED

District Health Officer No. 6,

District File Number 6-38-154

Date Filed 9/20/38

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, myself

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Clayton Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, Mo

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.