

DEC'D OCT 21 1938

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

32459

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 Jasper (d) Street No. St. Johns Hospital
 (e) Length of residence in city or town where death occurred _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2644 E 4th St. 15 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dick Enochs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 22 1908

7. AGE YEARS 30 MONTHS 8 DAYS 8 If LESS than 1 day,hrs. ormin.

OCCUPATION 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. _____
 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) Jones Settlement, Kansas

FATHER 13. NAME Arthur Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Dick Enochs
 (ADDRESS) 2644 E 4th Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park Cem DATE 10-3-38

19. FUNERAL DIRECTOR (NAME) Humboldt Co
 (ADDRESS) Jasper Mo

20. FILED 10-2-38 Local Registrar. Jasper Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-23 1938 to 9-30 1938

I first saw her alive on 9-30 1938 Death is said to have occurred on the date stated above, at 3:20 PM
 The principal cause of death and related causes of importance were as follows:

Streptococcus infection of head and throat

Date of onset Sept 23 1938

Other contributory causes of importance:

Thrombo-phlebitis right thigh followed by pulmonary embolism.

Name of operation none Date of _____
 What test confirmed diagnosis? Lab 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) H A La Force, M. D.
 (Address) Prisco Bldg. Jasper Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-38-342

Date filed 10/12/38

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, _____

_____, or by _____

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

Signed

Steve Parks

Licensed Embalmer No. A. 5. 48

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, above space should be left blank.