

NOV 10 1938

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

35985
Do not use this space.

1. PLACE OF DEATH

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

2. PRINT FULL NAME

(a) Residence, No. 333 Mary W. Standley St. Pineville, 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. L. Standley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25 1861

7. AGE YEARS 77 MONTHS 7 DAYS 23 IF LESS THAN 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) ✓ H. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seneca Mo

13. NAME John Sherer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seneca Mo

15. MAIDEN NAME Mary Thompson

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

17. INFORMANT (ADDRESS) Mr. Myrtle Hardisty
Joplin Mo

18. REGISTRAR (ADDRESS) Ed James
Joplin Mo

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joplin Mo

20. FILED 1025 19 38 Ed James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938 to Oct 25, 1938
I last saw her alive on Oct 24, 1938. Death is said to have occurred on the date stated above, at 3 7/8 p. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Date of onset 1938
Other contributory causes of importance: 1

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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) Ed James, M. D.
(Address) Joplin Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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 6-38-528

Date Filed NOV 7 1938

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. 959

P. O. Address Superior

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.