

DEC 14 1938

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

39450
Do not use this space.

1. PLACE OF DEATH

(a) County *Jasper* Registration District No. *411*
 (b) Township *Salinas* Primary Registration District No. *2002* Registered No. _____
 (c) City *Joplin* (d) Street No. *St. Johns 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 *Mamie Haller*

(a) Residence, No. *329 N. Walnut* St. (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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *William Oscar*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 26, 1875*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *63 29 1/2 14 6*
 OCCUPATION 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Minerva Mines, Mo.*

FATHER 13. NAME *No Record*
 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 (ADDRESS) *Mary C. Hadler*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Fairview Cem.* DATE *Nov. 7, 1938*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Thornhill-Dillon Joplin, Mo.*

20. FILED *11-5* 19 *38* *Ed Jensen* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 2, 1938*

I HEREBY CERTIFY, That I attended deceased from *Nov 2, 1938* to *Nov 2, 1938*
 I last saw her alive on *Nov 2, 1938* Death is said to have occurred on the date stated above, at *10:30 p.m.*

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

Cerebral Aneurysm from Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____ (Signed) *J. Verleur*, M. D.

392 (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.

JAN 1957

RECEIVED

District Health Officer No. 6,

District File Number 6-38-693

Date filed DEC 8 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,

Don Tetrick

....., or by

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

Signed.....

Don Tetrick

Licensed Embalmer No.....

4008

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.