

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

39453  
Do not use this space.

REC'D DEC 14 1938

**1. PLACE OF DEATH**

(a) County JASPER Registration District No. 411  
 (b) Township GABONA Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 62 yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 520 Mrs. Edith INNS St.   
416 W. NINTH STREET (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) MARRIED!  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas INNS  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 14, 1875  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 7 29  
 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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1938, to Nov 12, 1938  
 I last saw her alive on Nov 12, 1938 Death is said to have occurred on the date stated above, at 11:55 Am.  
 The principal cause of death and related causes of importance were as follows:

Chronic appendicitis with appendiceal abscess! Date of onset \_\_\_\_\_  
As above  
 Other contributory causes of importance: 21  
Auricular fibrillation and embolism to femoral artery.  
 Name of operation Appendectomy Date of Nov 5, 1938  
 What test confirmed diagnosis? Operation Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CARDIFF WALES 4  
 FATHER 13. NAME Andrews  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN UNKNOWN 9  
 MOTHER 15. MAIDEN NAME UNKNOWN  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 9

17. INFORMANT Chas INNS (ADDRESS) 416 W. NINTH ST  
 18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST PARK Cem. DATE 11-15-38, 19\_\_\_\_  
 19. FUNERAL DIRECTOR (NAME) HARBUT Und Co. (ADDRESS) 212 Joplin St Joplin Mo  
 20. FILED 11-14, 1938 Ed James Local Registrar

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) 616 Fresno Bldg. 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.

OUTT

RECEIVED

District Health Officer No. 6,

District File Number 6-38-702

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, \_\_\_\_\_

\_\_\_\_\_ or by \_\_\_\_\_

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

Signed Stone D. Parker

Licensed Embalmer No. 2547

P. O. Address 901 1st St

**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.**