

REC'D FEB 23 1939

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

2863
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township _____ 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 645 yrs. // mos. / ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MARIELLA HARLAN
 (a) Residence, No. R. 2, Box 317 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 11 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Newton County Missouri

FATHER 13. NAME Lloyd Harlan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Missouri

MOTHER 15. MAIDEN NAME Lucille Gilstrap
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pawnee Okla.

17. INFORMANT (ADDRESS) Lloyd Harlan Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burkhardt Cem. DATE 1-14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lanpher Mortuary Joplin, Mo.

20. FILED 1-13 1939 Ed Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____

I last saw him alive on Jan. 12, 1939 Death is said to have occurred on the date stated above, at 3:30 p.m. Jan 12 39
 The principal cause of death and related causes of importance were as follows:

3rd degree burn Date of onset 1911
extended over face and right of the body

Other contributory causes of importance: Wound caught on fire from wheel stake in room

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 1-12, 1939.
 Where did injury occur? Newton County Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Wound caught on fire
 Nature of injury 3rd degree burn over body

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) A. Winchester 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.

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RECEIVED

District Health Officer No. 6,

District File Number 6-39-317

Date Filed FEB 16 1939

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, F. M.

Jones

or by _____

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

Signed

F. M. Jones

Licensed Embalmer No. 2319

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.