

APR 20 1939

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

11180

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
(b) Township GABENA Primary Registration District No. 2002  
(c) City Joplin (d) Street No. 2628 Byers 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 2628 Byers 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 F 4. COLOR OR RACE Common 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. Ackerman  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 - 1892  
7. AGE YEARS 46 MONTHS 7 DAYS 3 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper  
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) Joplin Mo

13. NAME Ed Hawk

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

15. MAIDEN NAME Mollie Beasley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. yardville Mo

17. INFORMANT (ADDRESS) Chas Ackerman

18. BURIAL, CREMATION, OR REMOVAL PLACE Osborn mem. DATE 4-12 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hurlbut and Co

20. FILED 4-12 1939 Ed D James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1939  
22. I HEREBY CERTIFY, That I attended deceased from Mar. 12 1939 to April 10 1939  
I last saw h. live on March 7 1939 Death is said to have occurred on the date stated above, at 2:00 A.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus

Date of onset

?

Other contributory causes of importance:

Name of operating physician none Date of no  
What test confirmed diagnosis? physical exam 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) James A. O'Brien M. D.  
614 1/2 main st  
Joplin Mo

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**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 Parker.....

Licensed Embalmer No. 2548.....

P. O. Address Jefferson.....

**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.**