

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D JUN 24 1939

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

20045
Do not use this space.

1. PLACE OF DEATH

(a) County Wernon Registration District No. 875

(b) Township Washington Primary Registration District No. 6162 Registered No. 116

(c) City Meranda (d) Street No. St. Joseph # 3 St.

(e) Length of residence in city or town where death occurred 0 yrs. 0 mo. 11 da. (f) How long in U. S., if of foreign birth? yrs. mo. da.

2. PRINT FULL NAME Lillian McMorale

(a) Residence, No. Joplin Mo St. (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 Joe A. McMorale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1899

7. AGE YEARS 39 MONTHS 5 DAYS 22 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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklinville Ark.

13. NAME Jacob Malone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

15. MAIDEN NAME Martha Phelan

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

17. INFORMANT Hosp Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin Mo DATE May 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Deeblett Hall Co. Joplin Mo

20. FILED 5-5, 1939 Allen D. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1939, to May 5, 1939

I first saw him alive on May 2, 1939. Death is said to have occurred on the date stated above, at 7:40 a.m.

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

Chronic congestive heart disease

Acute pyelo-nephritis

Other contributory causes of importance:

Name of operation..... 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?..... 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? Yes

If so, specify..... (Signed) H. J. Cramer, M. D. (Address) Meranda,

Date of onset

1322A

MISSOURI
STATE
HYGIENE
DIVISION
FLORIDA

RECEIVED

District Health Officer No. 7,

District File Number 7-39-871

Date Filed 6-5-37

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 Terry K. Hurlbut

Licensed Embalmer No. 959

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

20045-
Do not use this space.

1. PLACE OF DEATH

(a) County Vermont Registration District No. 875-
(b) Township Washington Primary Registration District No. 6167
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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.

Registered No. 116

2. PRINT FULL NAME

(a) Residence, No. Lillian Mc Mungle St.
(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 19
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 5- 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-1939

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

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at..... m.

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

Chronic congestive heart failure

Acute nephritis

Other contributory causes of importance:

Chronic myocarditis
Acute nephritis followed
a chronic nephritis

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) W. J. Cremer, M. D.

(Address) Nevada Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important.

