REC'D AUG 17 1939

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

25921
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. 1016 Furnace 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 432 Flora Maxine Folds
(a) Residence, No. 1016 Furnace 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13. 1932
7. AGE YEARS 5 MONTHS 6 DAYS 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Joplin Mo

FATHER
13. NAME Edd Folds.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parsons Kas.

MOTHER
15. MAIDEN NAME Alta Wetherby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anthony Kansas

17. INFORMANT (ADDRESS) Mr Edd Folds Joplin Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Grant Mem DATE 7/3/39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) [illegible] Joplin Mo
20. FILED 7-3, 1939 Ed D [illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1-39
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to July 1, 1939
I last saw her alive on July 1, 1939. Death is said to have occurred on the date stated above, at 2P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Valvular heart 42 A

Other contributory causes of importance:
Chronic Pericarditis

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) [illegible] M. D.
(Address) 1078 Frisch Bldg Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Myers 47

RECEIVED
District Health Officer No. 6
District File Number 839-1616
Date Filed AUG 9 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, ...

....., or by .....

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

Signed. Steve D Parker

Licensed Embalmer No. 2548

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.