

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

*B. Mitchell*  
State File No. 36360

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 month 3 days  
(Specify whether years, months or days) 5 months  
In this community \_\_\_\_\_

NOV 24 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3047 E. 8th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Sylvia Webster 123

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Jas. Webster 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 8 1901  
(Month) (Day) (Year)

8. AGE: Years 38 Months 9 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Claremore Okla.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Jack Goss

13. Birthplace Texas  
(City, town, or county) (State or foreign country)

14. Maiden name Alcega Burrow

15. Birthplace Keokuk Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Agnes Carter

(b) Address Joplin Mo

17. (a) Burial (b) Date thereof 10-11-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Joplin, Missouri 372

19. (a) 10-13-39 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th  
year 1939 hour 2 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Oct 8 1939, to Oct 10 1939  
that I last saw her alive on Oct 10 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart  
Due to abcess of right lung - influenza

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 116

Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] M. D. (or other) \_\_\_\_\_  
Address [Signature] Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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 1139-2268

Date Filed NOV 9 1939

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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 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.**