

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

36393
 Do not use this space.

1. PLACE OF DEATH

(a) County Jaaper Registration District No. 411
 (b) Township Galena Primary Registration District No. 2007
 (c) City Joplin (d) Street No. 1612 Hill Registered 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.

2. PRINT FULL NAME 632 - Mary Ellen Prutsman

(a) Residence, No. 1612 Hill St. 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Finley Prutsman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 11 23

OCCUPATION 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) St. Joseph Missouri

FATHER 13. NAME John Ferris

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

MOTHER 15. MAIDEN NAME Mary Autrey

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

17. INFORMANT (ADDRESS) Mrs. Edna Carlisle Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park Cem. DATE 10-10-39

19. FUNERAL DIRECTOR (ADDRESS) Hurlbut Und Co. 212 Joplin, Joplin, Mo.

20. FILED 10-10-39 1939 Ed D James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 16 - 1939, to Oct. 1, 1939
 I last saw her alive on Oct 1, 1939. Death is said to have occurred on the date stated above, at 5:45 P. M.

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

Date of onset 2 yrs.

Other contributory causes of importance:
Metastatic to lungs - ?

Name of operation none Date of _____
 What test confirmed diagnosis? Physical & X-ray Is there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) Ed D James, 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.

49
7
5

RECEIVED

District Health Officer No. 6,

District File Number 1139-2265

Date Filed NOV 9 1939

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

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

Signed

Steve D. Parker

Licensed Embalmer No. 2547

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.)