

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Ed. D. James
State File No. 39939

Registration District No. 139

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper 2
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1315 East 7th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 13 years (Specify whether years, months or days)

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. 1315 East 7th
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Elizabeth C. Henry 560

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race Wh

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John B. Henry

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 21 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Green County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Edward Jones
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Warren
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. W. Lester

(b) Address 1315 E. 7th St.

17. (a) Burial (b) Date thereof 11-29-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenfield, Missouri

18. (a) Signature of funeral director W. W. Lester

(b) Address 1502 Joplin Street, Joplin,

19. (a) 11-29-39 (b) Ed. D. James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1939 hour 2:20p minute p M.

21. I hereby certify that I attended the deceased from 10-18 to 11-24, 1939
that I last saw her alive on 11-24, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of brain
by car accident
Due to _____

Due to _____
Other conditions (include pregnancy within 3 months of death) 46

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 _____
28. Signature Ed. D. James (M. D. or other) _____
Address Joplin, Mo. Date signed 11-29

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.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2515

Date Filed DEC 7 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 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.