

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2662

RECORDED FEB 19 1940

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: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 hours  
In this community all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Doris I. Martin.  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

Female  
4. Sex \_\_\_\_\_  
5. Color or race W.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Buckler E. Martin.  
6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased Jan. 12th 1905  
(Month) (Day) (Year)

8. AGE: Years 35 Months 0 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Joplin (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House Duty.

11. Industry or business same

12. Name Chas. McManamy.

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

14. Maiden name Nellie Wood (City, town, or county) Mo. (State or foreign country)

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

16. (a) Informant's own signature Buckler E. Martin

(b) Address 1509 Joplin St., Joplin, Mo.

17. (a) Mt. Hope (Burial, cremation, or removal) (b) Date thereof 1-27th 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope cemetery

18. (a) Signature of funeral director Frank K. Burkland

(b) Address Joplin, Mo.

19. (a) 1-29-40 (Date received local registrar) (b) Ed B. Jamney (Registrar's signature)

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. 1509 Joplin St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month I day 26th  
year 1940 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 15, 1940 to Jan 25, 1940  
that I last saw her alive on Jan 25, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 1 day

Due to Emphysema & small Intestine

Due to Stagnant blood  
Unobstructed venous system

Other conditions (Include pregnancy within 3 months of death)

Major findings: Stagnant blood  
Of operations Unobstructed venous system  
Of autopsy Unobstructed venous system

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 \_\_\_\_\_

23. Signature D. Harrison (M.D. or other) MD  
Address Joplin Mo. Date signed 1-27-40

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 240-576

Date Filed FEB 15 1940

**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. L. Lueders*

Licensed Embalmer No. 95-9

P. O. Address Japan Hill

**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.**