

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 2711

FILED FEB 19 1940

Registration District No. 411Primary 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)
703 W. 13th
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 9 years years, months or days)

3. (a) PRINT FULL NAME Jane Ellen Hettinger

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 married6. (b) Name of husband or wife Arthur Hettinger 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Nov. 13 1895
(Month) (Day) (Year)8. AGE: Years 44 Months 1 Days 23 If less than one day hr. _____ min.9. Birthplace oklahoma
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name William Abbott13. Birthplace Georgia
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Arthur Hettinger(b) Address 703 W 13th, Joplin, Missouri17. (a) Burial (b) Date thereof 1-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fairview Cemetery18. (a) Signature of funeral director W. Reynolds(b) Address Joplin, Missouri19. (a) 1-8-40 (b) _____
(Date received local registrar) (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")
703 W 13th
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th
year 1940 hour 1:50 minute 0 P. M.21. I hereby certify that I attended the deceased from April 24
1939, to Jan. 6 1940,
that I last saw her alive on Jan 6 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

MembranesDue to glomerulonephritisDue to Hypertension

Other conditions _____

(Include pregnancy within 3 months of death) 121

Major findings: _____

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) (a) Means of injury _____

23. Signature Sam J. Grantham (M. D. or other) MDAddress Fried Date signed Jan 8

Duration

72 hrsP. 1052956

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 6,

District File Number 240-543

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.....

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.