

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2717

FILED 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
(c) Name of hospital or institution:
916 Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 43 years
years, months or days)

3. (a) PRINT FULL NAME Fanny Mable Dorfeld

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, widowed
6. (b) Name of husband or wife Geo. Dorfeld 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 2, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 29 hr. min.

9. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Steven Hollowell

18. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Trantham

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

16. (a) Informant's own signature Stittie A Hollowell

(b) Address 1912 Virginia, Joplin, Mo.

17. (a) Burial (b) Date thereof Jan. 2, '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director _____

(b) Address Joplin, Missouri

19. (a) 1-5-40 (b) Ed S Jamno
(Date received local registry) (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. 916 Jackson
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st
year 1939 hour 5:45 minute P M.

21. I hereby certify that I attended the deceased from Dec 29
_____ 1939 to Dec 31 1939
that I last saw her alive on Dec 31 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 72 hrs

Due to Arteriosclerosis & vascular hypertrophy

Due to J. J. H.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
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?

23. Signature Spauldham (M. D. or other) M.D.
Address Joplin, Mo. Date signed _____

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.

RECEIVED

District Health Officer No. 6,

District File Number 240-529

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 Japhin 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.