

Dr. J. J. ...
15140
 Do not use this space.

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

1. PLACE OF DEATH
 (a) County Gasper Registration District No. 411
 (b) Township Joplin Primary Registration District No. 2002
 or City Joplin (d) Street No. St. Johns Hospital Registered No. _____
 (c) Length of residence in city or town where death occurred yrs. mos. 13 ds. (f) How long in U. S., if of foreign birth? — yrs. — mos. — ds.
 2. PRINT FULL NAME Mrs Lena Taylor Houston
 (a) Residence, No. Salina Kansas, R 7 B # 2 St. Kansas, Galema
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otis Houston
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31st 1887
 7. AGE YEARS 52 MONTHS 3 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 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 33 years occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1940
 22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1939 to April 3 1940
 I last saw her alive on April 3 1940 Death is said to have occurred on the date stated above, at 12:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral embolus Date of onset 9-1-40

Other contributory causes of importance:
Carcinoma of pancreas & pyloric end of stomach!

Name of operation Gastro-intubation Date of 9-29-40
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) J. J. Taylor, M. D.
31 (Address) Joplin, Mo.

12. BIRTHPLACE (CITY OR TOWN) Union Valley Township
 (STATE OR COUNTRY) Kansas

13. NAME Campbell Taylor

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

15. MAIDEN NAME Mary Sizemore

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

17. INFORMANT O. R. Houston
 (ADDRESS) Salina Kansas, R 7 B # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Brush Creek, Baxter Springs, Mo. DATE Apr 5 1940

19. FUNERAL DIRECTOR (NAME) Harveys
 (ADDRESS) Baxter Springs Kansas

20. FILED 4-5 1940 Ed J. ... Local Registrar

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.

40-5-45

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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.....

J. Shwene

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

J. Shwene

Licensed Embalmer No. *1188 Stanow*

P. O. Address *Baxter Spring*

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.

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2659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15-140 7.

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
(years, months or days)

3. (a) PRIEST Mrs Lena Gayler Houston
FULD _____

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 3 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial/or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(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 apr day 3
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Pancreas + Pyloric end of Stomach

~~XXXXXX~~ Primary seat of Carcinoma probably head of pancreas.

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)

Means of injury _____

23. Signature B. E. Peters (M. D. or other) _____

Address Joplin Date signed _____

SUPPLEMENTAL

PRINT PLAINLY USE UNFADING BLACK INK MAKE A PERMANENT RECORD

MOTHER FATHER

Underline the cause to which death should be charged statistically.

