No. 2
1-10-39
-17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15200

FILED MAY 7 1940

Registration District No. 417 Primary Registration District No. X5561.D. Registrar's No. 50

1. PLACE OF DEATH:

(a) County Jasper Joplin Twp

(b) ~~City or town~~ Webb City 11
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RURAL. 2
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. R#1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Mrs Mattie Doll

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jacob Doll 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov (Month) 2 (Day) 1859 (Year)

8. AGE: Years 80 Months 5 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace St Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name Samuel Case
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna McChesney
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Jacob Doll
(b) Address R#1 Webb City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Cutterville Cem

18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo

19. (a) APR. 3. 40 (Date received local registrar) (b) T. L. Pritchett M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd year 1940 hour 7 minute 15 a. M.

21. I hereby certify that I attended the deceased from Sept 27, 1940 to Apr 3, 1940; that I last saw her alive on Apr 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Hemorrhage Duration

Duodenal Carcinoma

Due to ____

Due to ____

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

Senility

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____

377

23. Signature T. L. Pritchett (M. D. or other)
Address Webb City Mo Date signed Apr 3 40

(Licensed Embalmer's Statement on Reverse Side)

40-5-18.

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 myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.