

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19110

Registration District No. 1046

Primary Registration District No. 5810

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton, Iowa & Cross
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4031 Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether in hospital or institution)
In this community 19 years
years, months or days

3. (a) PRINT FULL NAME Lula Alms 452

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 John 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Feb. 27, 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Fayette County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Abbott

13. Birthplace Bond County, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Viola Daniels

15. Birthplace White County, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John A. Alms

(b) Address Joplin, Mo.

17. (a) Rural (b) Date thereof 5-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cem - Marionville

18. (a) Signature of funeral director Thorntill - Baller

(b) Address Joplin, Mo.

19. (a) 5-16-40 (b) W D J...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Newton
(b) City or town Joplin
(If outside city or town limits, write "RURAL")
(c) Street No. 4031 Main St.
(If rural, give location)
(d) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1940 hour 7:15 minute PM

21. I hereby certify that I attended the deceased from December 1st, 1939, to May 9, 1940
that I last saw her alive on Feb 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease Duration _____

Due to _____

Due to _____

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

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? _____

(e) While at work? _____ (Specify type of place) (f) Means of injury _____

23. Signature A. T. Winchester (M. D. or other) _____
Address Joplin, Mo. Date signed 5-16-40

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.

40-6-125

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..... *David Dillon*.....
Licensed Embalmer No..... *3898*.....
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.