

No. 2  
4-13-  
5-17-  
11

State File No. \_\_\_\_\_

Registration District No. 4 11

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks  
(Specify whether years, months or days)

In this community 15 yrs.

3. (a) PRINT FULL NAME Dora Lorenda Deatherage <sup>364</sup>

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Fem 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anthony 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased February 19 1921  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

19 4 23 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name J. H. Horton

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

14. Maiden name Mary L. Snow

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

16. (a) Informant Anthony Deatherage

(b) Address 327 1/2 N. Schifferdecker

17. (a) Burial (b) Date thereof 7-15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem. Joplin Mo.

18. (a) Signature of funeral director Hesselt and Co.

(b) Address Joplin, Missouri

19. (a) 7-15-40 (b) E. S. Jones  
(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")

(d) Street No. 327 1/2 N. Schifferdecker  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1940 hour 6 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from April 10  
1940 to July 12 1940  
that I last saw her alive on July 12 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis & Cardiac Dilatation

Due to multiple emboli from infarcted emboli

Due to Acute Nephritis & pyelitis

Under conditions pregnancy 8 weeks before death

(If add pregnancy within 9 months of death)

Duration 30+3 wks.

5-6 wks.

7 wks.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: none

Of operations \_\_\_\_\_

Of autopsy none

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? 372

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature W. L. Poor (M. D. or other) M.D.

Address Joplin Mo. Date signed 7-19-40

930

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Goffin 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **25431**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. ....

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Jasper**  
(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 (Specify whether

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.

3. (a) PRINT FULL NAME

**Dora Brenda Debraage**

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

4. Sex **F** 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 **19** Months **4** Days **23** If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) **7-15-40** (b) **E. W. James** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **July** day **17** year **1940** hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19..... that I last saw him..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial**

**cardiac dilatation**

**multiple abscesses from infected emboli due to acute nephritis & pyelitis**

Other conditions (Include pregnancy within 3 months of death)

Major findings Of operations **pregnancy 8 months before her death**

Of autopsy **Had normal birth 5-20-40 - no convulsions with cause of death**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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) (e) Means of injury.....

23. Signature **C. W. Rose** (M. D. or other)

Address **Joplin Mo** Date signed.....

SUPPLEMENTARY

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

