

3. No. 2
4-18-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25440

Aug 9 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: 1709 Kentucky
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 yrs.
(Specify whether years, months or days)

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. 1709 Kentucky
(If rural, give location)

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

3. (a) PRINT FULLNAME Clara Dotson 325

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1940 hour 2 minute 20 p. M.

4. Sex Fem 5. Color or race W

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

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

7. Birth date of deceased November 30, 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from about
Nov 1939, to July 2, 1940
that I last saw her alive on June 27, 1940
and that death occurred on the date and hour stated above.

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

69	7	4	hr. min.
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Immediate cause of death Carcinoma of breast

Due to metastatic carcinoma of breast

Due to _____

Other conditions (include pregnancy within 3 months of death) 50

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

10. Usual occupation Housewife

Major findings: Breast, several years ago, carcinoma

Of autopsy none made

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Chas. H Parker

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

14. Maiden name Amanda

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

16. (a) Informant Wesley Dotson

(b) Address Joplin Mo

17. (a) Burial (b) Date thereof 7-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

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

18. (a) Signature of funeral director Herbert Wood Co.

(b) Address Joplin Mo

19. (a) 7-12-40 Ed D. James
(Date received local registrar) (Registrar's signature)

23. Signature Ed D. James (M. D. or other) _____
Address Salina Mo Date signed July 4, 40

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

9
5
7

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.....

Perry K. Hurlbut

Licensed Embalmer No.....

95-9

P. O. Address.....

Jules Hill

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.