

No. 2
4-12-40
5-17-39
X231587

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25475

State File No. _____

AUG 9 1940
Registration District No. 411

Primary Registration District No. 5569

Registrar's No. _____

Clemens

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

1. PLACE OF DEATH: Jasper

(a) County Jasper

(b) City or town ~~Joplin~~ - Rural - Galeana

(c) Name of hospital or institution: Near Alljack Crossing 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 yrs. years, months or days)

3. (a) PRINT FULL NAME Mary Alice Miller 460

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 Widowed

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

7. Birth date of deceased May 1, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	2	16	hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name William Rhodebaugh 7
No record 7

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

14. Maiden name _____

15. Birthplace No record 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Mitchell 1

(b) Address #5 23rd Joplin Mo

17. (a) Burial (b) Date thereof 7-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Hurlbut and Co
Joplin, Mo.

(b) Address _____

19. (a) 7-18-40 (b) Ed D. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Alljack Crossing -
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1940 hour 4 minute 2 A.M.

21. I hereby certify that I attended the deceased from July 14/40
_____ 19____ to 7/17/40 19____;
that I last saw h. or alive on 7/17/40 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic
Pneumonia

Due to Ch. cont. - respiratory (?)

Due to _____

Other conditions (Include pregnancy within 3 months of death) 121

Major findings:
Of operations _____
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?
379 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. A. Clemens (M. D. or other) 1
Address Joplin Mo Date signed 7/18/40

Duration 12 hrs -

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

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.....

Steu D Parker

Licensed Embalmer No.

2048

P. O. Address.....

Golden Me

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.