

2-40  
-39  
223199

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

FILED SEP 16 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 1519 Minnesota  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JASPER

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

(d) Street No. 1519 Minnesota  
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY ELIZABETH DEN

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

3. (c) Social Security No. 520 520

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2<sup>nd</sup> day AUG  
year 1940 hour 8:55 minute PM M.

4. Sex FEMALE 5. Color or race W.

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

6. (b) Name of husband or wife ELDON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JULY 1 - 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 2 - 40  
\_\_\_\_\_, 19\_\_\_\_, (Aug 2 - 40) \_\_\_\_\_, 19\_\_\_\_;

that I last saw her alive on Aug 2 - 40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 1 Days 1 If less than one day hr. min.

Immediate cause of death Strangulated umbilical hernia

Due to \_\_\_\_\_

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

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation HOUSE DUTY

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

12. Name CHAS DAVIS

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

14. Maiden name LUCY ARMSTRONG

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

16. (a) Informant Allie Lucinda Stidham

(b) Address 1711 mo Joplin mo

17. (a) BURIAL (b) Date thereof 8-5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FORREST PK.

18. (a) Signature of funeral director Forrest P. K...

(b) Address Joplin Mo

19. (a) 8-3-40 (b) Ed J...  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

Signature W. B. ... (M. D. or other) \_\_\_\_\_

Address Joplin, Mo Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

40-9-356

**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 *Joplin, Mo*

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

If this body is not embalmed, fact should be so stated above.