

No. 2
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NOV 15 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 35584

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 403 Sargeant Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 66 Years
years, months or days

3. (a) PRINT FULL NAME Ann Kirkpatrick Downing

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive 15 years 1852

7. Birth date of deceased August (Month) 15 (Day) 1852 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>2</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Henry Kirkpatrick

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

14. Maiden name Isabella Hanna

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

16. (a) Informant Medlin Smelter

(b) Address 403 Sargeant Ave - Joplin Mo.

17. (a) Burial (b) Date thereof 10-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Hughes & Sons Co.

(b) Address 212 Joplin St. Joplin Mo.

19. (a) 10-22-40 (b) Ed W. 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. 403 Sargeant Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1940 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1940, to Oct 21, 1940; that I last saw h. W alive on Sept 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial arteriosclerosis

Due to leg

Due to 77

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

Major findings: ✓
Of operations

Of autopsy ✓

Duration _____

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? 372
(Specify type of place)

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

23. Signature Keith L. Huff (M. D. or other) MD

Address Joplin Mo Date signed 10/21/40

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

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... *Sam E. Sweeney*

Licensed Embalmer No. *4099*

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, fact should be so stated above.