

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38943**
Registrar's No. _____

Registration District No. 411 Primary Registration District No. 5569

FILED DEC 17 1940

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin---Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rt 3 Box 534
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 45 Years
years, months or days

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. Rt 3 Box 534
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Mary Eleanor Toops

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

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

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

7. Birth date of deceased June 5, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 21 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name No Record

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

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

16. (a) Informant George Toops

(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof 11-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peace Cemetery

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Missouri

19. (a) 11-29-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th
year 1940 hour 5:15 minute AM M.

21. I hereby certify that I attended the deceased from 5/6/40
4/25/40, 19____, to _____, 19____;
that I last saw her alive on 25th, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Brain tumor
Metastatic Disease

Due to _____
Due to _____

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 [Signature] (M. D. or other) _____
Address [Address] Date signed 11/29/40

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

9

2002

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..... *David Hilton*.....

Licensed Embalmer No..... *3898*.....

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.