

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

1. PLACE OF DEATH: Jasper
(a) County
(b) City or town Joplin
(c) Name of hospital or institution 307 Moffet /
(d) Length of stay: In hospital or institution none
In this community one month

3. (a) PRINT FULL NAME Elizabeth Asbury Sublett
3. (b) If veteran, name war -- 3. (c) Social Security No. -----

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced / Married
6. (b) Name of husband or wife Hubbard Sublett 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Feb. 27th 1866

8. AGE: 74 Years 10 Months 29 Days If less than one day hr. min.

9. Birthplace Saline Co. Missouri

10. Usual occupation House duty

11. Industry or business -----

MOTHER FATHER { 12. Name Dr. Richard Asbury
13. Birthplace Kentucky

MOTHER FATHER { 14. Maiden name Mary E Plant
15. Birthplace Montecello Mo.

16. (a) Informant Mrs. F. L. Millspaugh
(b) Address Joplin, Mo.

17. (a) Cremation (b) Date thereof 1-27th-41

(c) Place: burial or cremation Kansas City Mo.

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Missouri

19. (a) 1-27-41 (b) Ed James Registrar's signature

2. USUAL RESIDENCE OF DECEASED: 999
(a) State California (b) County
(c) City or town Los Angeles
(d) Street No. 901 S. Kingsley Drive
(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month I day 25th
year 1941 hour II minute 50 P.M.

21. I hereby certify that I attended the deceased from Nov 11 1940 to Jan 24 1941
that I last saw her alive on Jan 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration, uremia
Duration 3 days

Due to Cancer of Pelvis (uterus + urinary bladder)
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none (Biopsy from bladder, adenocarcinoma)
Of autopsy none
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? 370
(Specify type of place) While at work (e) Means of injury

23. Signature Paul W. Walker (M. D. or other) PMD
Address Joplin Mo. Date signed 1-27-41

41-2-147

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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 *Perrett Harbeck*

Licensed Embalmer No. *959*

P. O. Address *Josephine*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2985-

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Elizabeth Asbury Suplett

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 1 day 25
year 1944 hour _____ minute _____ M.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 10 29 _____ hr. _____ min.

Immediate cause of death Myo. Cardial degenerated, uremia

Due to Cancer of Pelvis (uterus + urinary bladder)

Due to Primary Carcinoma of Cervix
Other conditions _____ (Include pregnancy within 3 months of death)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

Major findings: Of operations _____
Of autopsy _____

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTAL

