

No. 2
-1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14845**

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **FREEMAN HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Ten Days**
(Specify whether years, months or days)
In this community **Eight years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin - Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **R#4** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Florence Kenyon**

3. (b) If veteran name was **None** 3. (c) Social Security No. **None**

4. Sex **FEMALE** 5. Color or race **White** 6. (a) Single-widowed; married, divorced; **MARRIED**
6. (b) Name of husband or wife **HARRY** 6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **Aug 24 1908**
(Month) (Day) (Year)

8. AGE: Years **32** Months **8** Days **0** If less than one day _____ hr. _____ min.

9. Birthplace **Excelsior Springs Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business **None**

12. Name **Charles Jones**

13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Ethel McGill**

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

16. (a) Informant **HARRY KENYON**

(b) Address **R#4 CARTHAGE MO**

17. (a) **BURIAL** (b) Date thereof **April 27 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OAK HILL CEMETERY**

18. (a) Signature of funeral director **WELL MORTUARY**

(b) Address **CARTHAGE MO**

19. (a) **4-26-41** (b) **Ed Jones**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **24**
year **1941** hour **10** minute **30** M.

21. I hereby certify that I attended the deceased from **Apr 5**, 1941, to **Apr 24**, 1941;
that I last saw him alive on **Apr 24**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Mental exhaustion and acidosis**
Due to: **acute catatonic schizophrenia cause** 1 week
Due to: **unknown** 3 yrs
chr cholelithiasis 12/10
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **cholecystectomy & appendectomy** 1 Apr 15 1941
Of operations _____
Of autopsy **none**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**
(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? _____ Means of injury _____

23. Signature **Herman R. LaForce** (M. D. or other) _____
Address **607 Main Joplin Mo** Date signed **4-26**

Duration
1 week
3 yrs
12/10
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

41

0

0

1

24

30

1941

1941

1 week

3 yrs

12/10

PHYSICIAN

Underline the cause to which death should be charged statistically.

1 Apr 15 1941

607 Main Joplin Mo

4-26

no

no

no

no

Herman R. LaForce

41

41-5-469

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..... *Emm. Retneef*

Licensed Embalmer No. *391*

P. O. Address *Parhage*

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.