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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
11 1941 MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18092

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 General Hospital (Osteopathic)  
(d) Length of stay: In hospital or institution 2 days  
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jasper 49  
(c) City or town Sarcoxie  
(d) Citizen of foreign country? 1 (Yes or No)

3. (a) PRINT FULL NAME Cora C. Haggard  
3. (b) If veteran, name war ✓  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 23  
year 1941 hour 6 minutes 15 A.M.  
21. I hereby certify that I attended the deceased from May 20 1941  
to May 23 1941  
that I last saw her alive on May 23 1941  
and that death occurred on the date and hour stated above.

4. Sex F 1  
5. Color of race W  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Fred C.  
6. (c) Age of husband or wife if alive years 21 1887  
7. Birth date of deceased July 21 1887

Immediate cause of death  
Congestive peritonitis  
generalized  
Due to ruptured appendix  
Other conditions  
Duration

8. AGE: Years 53 Months 10 Days 2  
If less than one day hr. min.

9. Birthplace Muskingum County Ohio 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name John B. Little  
13. Birthplace Coshington Ohio 1  
(City, town, or county) (State or foreign country)

14. Maiden name Ardena C. Little  
15. Birthplace Muskingum County Ohio 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred C. Haggard  
(b) Address Sarcoxie Mo.

17. (a) Burial (b) Date thereof May 25 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or crematory Sarcoxie Missouri

18. (a) Signature of funeral director Roland C. Englage  
(b) Address Sarcoxie Mo.

19. (a) 5-26-41 (b) Ed D. James  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations Large quantity of serous exudate in abd. cavity and of suppurative inflammation of the peritoneum  
Underline the cause to which death is being 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? 372 (Specify type of place)  
(e) Means of injury

23. Signature Fred E. K. Ober  
Address Sarcoxie Mo. Date signed May 24

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

41-6.537

JUN 28 1949

JUN 8 1949

JUN 28 1949

JUN 17 9 1949

JUN 28 1949

**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.....

.....  
working under my personal supervision.

.....  
Registered Apprentice No.

Signed.....

*George B. Cur*

.....  
Licensed Embalmer No.

*946*

.....  
P. O. Address.

*Mr. Vernon, 79*

**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.**