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

FILLED JUN 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18128

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: 2615 Salem
(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 Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 2123 Joplin
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Caroline Lena Peters

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 married

6. (b) Name of husband or wife George Peters

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 14 (Day) 1869 (Year)

8. AGE: Years 72 Months 0 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Craft
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Leonard Faulstick
(b) Address 2615 Salem

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Lanpher Mortuary
(b) Address Joplin, Missouri

19. (a) 5-10-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1941 hour 5:35 minute a M.

21. I hereby certify that I attended the deceased from April 13, 1941, to May 9, 1941, that I last saw her alive on May 6, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Caroline Faulstick

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) [illegible]
Address 2114 Joplin Date signed 5/10/41

(Licensed Embalmer's Statement on Reverse Side)

41-6-518

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

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

PLEASE PRINT—USE INK—MAKE A PERMANENT RECORD

WHITE PAPER

1. PLACE OF DEATH:
   (a) County .....
   (b) City or town ..... (If outside city or town limits, write "RURAL" and name of town ship)
   (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 years, months or days)
   In this community .....

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) FULL NAME PRINT .....

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

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

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)

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

9. Birthplace .....

10. Usual occupation .....

11. Industry or business .....

12. Name .....

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

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

16. (a) Father's name .....
    (b) Address .....

17. (a) Mother's maiden name .....
    (b) Birthplace ..... (City, town, or county) ..... (State or foreign country)

18. (a) Informant .....
    (b) Address .....

19. (a) Date received (month) (day) (year) ..... (b) Registrar's signature .....

20. DATE OF DEATH: Month ..... day ..... year ..... hour ..... minute ..... M.

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.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions	

22. If death was due to external cause, 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? ..... (Specify type of place)

MEDICAL CERTIFICATION

Major findings of autopsy (if any) .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be attributed.

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address .....

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.

(Licensed Embalmer's Statement on Reverse Side)