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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21894

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1401 Cleveland St
(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) 7 years -

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper
(c) City or town Jasper
(If outside city or town limits, write "RURAL")
(d) Street No. 1401 Cleveland - 5
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA ELLEN NAMU

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 WIDOWED

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

7. Birth date of deceased April 8 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Housewife

12. Name David Ketchen

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Wilson

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Crabtree

(b) Address 1401 Cleveland

17. (a) Burial (b) Date thereof 6-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fair View Cem

18. (a) Signature of funeral director Shankill-Wellan

(b) Address Jasper, Mo

19. (a) 6-12-41 (b) Ed S. Jarney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1941 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 1, 1941
June 11, 1941 to June 11, 1941
that I last saw her alive on June 8, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to _____
Due to _____

Other conditions Hypertension
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

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 W B Chapman (M. D. or other) _____
Address Jasper, Mo Date signed 6/12/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

41-7-604

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..... *Cecilia Hankel*

Licensed Embalmer No *3590*

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.