

No. 2
-4-41
17-39
X2639C

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25315

State File No. _____

AUG 14 1941 4/11
Registration District No. _____

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:
310 WALNUT ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JASPER

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

(d) Street No. 310 WALNUT ST.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME MARY ELIZABETH PINNEY

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 23
year 1941 hour 10 minute 45 A.M.

4. Sex F. 1. Color or race W.

6. (a) Single, widowed, married, divorced WIDOWED

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased MARCH 26 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 16 1941 to July 29 1941;
that I last saw her alive on July 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death General arterio-sclerosis
Due to age

8. AGE: Years Months Days If less than one day
84 4 13 hr. min.

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations

Of autopsy none

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

10. Usual occupation HOUSEWIFE (RETIRED)

11. Industry or business HOME

12. Name No RECORD

13. Birthplace No RECORD
(City, town, or county) (State or foreign country)

14. Maiden name No RECORD

15. Birthplace No RECORD
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Rolla Walker

(b) Address Rt. 2 Joplin Mo.

17. (a) BURIAL (b) Date thereof 7/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEOSHO MO

18. (a) Signature of funeral director Hurlbut and Co.

(b) Address 212 Joplin St. Joplin Mo

19. (a) 7-25-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

23. Signature Harmon A. Lee (M. D. or other) [Signature]
Address 607 Main, Joplin MO Date signed 7-27-41

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

MOTHER FATHER

4/1

41-8-684

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

Sam E. Sencer

Licensed Embalmer No. *4099*

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.