

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28572

State File No. _____

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: 2322 E. 20th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 years; _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Joplin Mo;
(If outside city or town limits, write "RURAL") 5
(d) Street No. 2322 E. 20th St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country No 17

3. (a) PRINT FULL NAME Dora J. Hale
(b) If veteran, name war No (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Jerry M. Hale 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 29, 1868;
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 25 If less than one day' _____ hr. _____ min.

9. Birthplace Louistown Ill;
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Davis
13. Birthplace Illinois; (City, town, or county) (State or foreign country)
14. Maiden name Marguerite Coney;
15. Birthplace Illinois; (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. P. Thompson
(b) Address 2322 E. 20th St; Joplin MO:

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26, 41
(Month) (Day) (Year)
(c) Place: burial or cremation Ozark Mem. Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;

19. (a) 8-26-41 (Date received local registrar) (b) Ed. W. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 23, day 1941.
year _____ hour 7-15 P. M. minute _____ M.
21. I hereby certify that I attended the deceased from Aug 23 1941 to Aug 19/41
that I last saw him alive on Aug 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myxomatosis Duration _____

Due to _____
Due to 102

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations no
Of autopsy no 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) 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) (e) Means of injury _____
23. Signature W.H. Brumby M. D. or other _____
Address Joplin Mo. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 17 1941

SEP 21

SEP 19 1941

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.....

Steve D. Parker

Licensed Embalmer No.....

2548

P. O. Address.....

John M...

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.