No. 2
1-4-41
17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28581

FILED SEP 12 1941

Registration District No. 477 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: 1301 Pennsylvania (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community 54 years; (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049

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

(d) Street No. 1301 Pennsylvania (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Hattie H. MC-Afee

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W. L. MC-Afee

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

7. Birth date of deceased July (Month) 4 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
60	1	23	hr. min.

9. Birthplace Diamond Mo; (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name David Bachler

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

MOTHER 14. Maiden name Emma Smith

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

16. (a) Informant W. L. McAfee

(b) Address 1301 Penn; Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30-41 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Pk.

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 8-28-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 27, day 1941; year hour 10-30 A. Minute M.

21. I hereby certify that I attended the deceased from June 25 1941 to Aug 27 1941 that I last saw h. alive on Aug 26 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 weeks
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] or other)

Address Joplin Mo Date signed 8-27-41

(Licensed Embalmer's Statement on Reverse Side)

41-9-781

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 Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.