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. 28584

FILED SEP 12 1941

Registration District No. 7/11 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: St. Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 1/2 Hrs. (Specify whether years, months or days) In this community: Forty years

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") 2
(d) Street No.: 721 St. Louis (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mrs. Minnie Chew
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married. 1
6. (b) Name of husband or wife: Howard L.
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: April (Month) 5 (Day) 1875 (Year)

8. AGE: Years 66 Months 4 Days 17 If less than one day hr. min.

9. Birthplace: Moweaqua (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Christian Siebert
13. Birthplace: Germany (City, town, or county) (State or foreign country) 4
MOTHER 14. Maiden name: Martha Payne
15. Birthplace: Kentucky (City, town, or county) (State or foreign country) 1
16. (a) Informant: H. L. Chew
(b) Address: 721 St. Louis St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 25, 1941 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Forest Park
18. (a) Signature of funeral director: Thornhill-Dillon
(b) Address: 305 West Fourth
19. (a) 8-26-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1941 hour 02 minute 10 AM.
21. I hereby certify that I attended the deceased from Aug 15-1941, 19..., to Aug 22, 1941; that I last saw h. alive on Aug 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 83 A

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

Major findings:
Of operations:
Of autopsy:

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: W. H. Loveland (M. D. ~~or other~~) D
Address: Joplin Mo. Date signed 8-26-41

372 (Licensed Embalmer's Statement on Reverse Side)

41-9-777

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.....David Dillon.....

Licensed Embalmer No.....3898.....

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.