

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **2002** Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: 724 Connor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 724 Connor
(If rural, give location)

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

3. (a) PRINT FULL NAME CORA M. SHIMMONS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Name of husband or wife George C. Hoover 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: Nov 24 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1941 hour 6 minute a M.

21. I hereby certify that I attended the deceased from June 2, 1941, to Aug 8, 1941;
that I last saw her alive on Aug 8, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 8 Days 15 If less than one day hr min.

9. Birthplace Sparta, Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Wife

11. Industry or business _____

MOTHER FATHER

12. Name C. W. Streffou

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

14. Maiden name Sarah Mills

15. Birthplace Sparta Canada
(City, town, or county) (State or foreign country)

Immediate cause of death: Heart & Respiratory failure

Due to Enlarged heart, mitral insufficiency

Due to Chronic myocarditis

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

Major findings: Of operations no operation

Of autopsy none

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

16. (a) Informant Miss Lela Shimmons

(b) Address 724 Connor Ave

17. (a) Buried (b) Date thereof Aug 9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence, Kansas

18. (a) Signature of funeral director Thornhill Dillon

(b) Address 424 + 1/2 W. 11th

19. (a) 8-8-41 (b) Ed D. Johnson
(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) _____

(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.E. Heindel Date signed 8-8-41
Address Joplin Mo

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

41-9-157
8808

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..... *Celta Tharhice*

Licensed Embalmer No. *3890*

P. O. Address *Opus, Mo*

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

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