

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31795

FILED OCT 15 1941

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 Jasper, Mo.  
(c) Name of hospital or institution: Freeman Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Worth  
(c) City or town Worth, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29  
year 1941 hour 11 minute 58 P.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_  
that I last saw him in private on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Concussion and shock  
fracture left arm  
Due to Auto accident  
2 cars met at street crossing  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: none  
Of operations none  
Of autopsy none  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Alma Ann Hart.  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race w. 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
7. Birth date of deceased April 17 1924  
(Month) (Day) (Year)

8. AGE: Years 17 Months 4 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation student

11. Industry or business \_\_\_\_\_

12. Name Mr. Harvey G. Hart  
13. Birthplace Cross timber Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Retta Eliphant  
15. Birthplace Urich Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Eliphant  
(b) Address Picher Mo.  
17. (a) Removal (b) Date thereof Sept 14  
(Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director John H. Smith  
(b) Address Picher Mo.  
19. (a) 9-13-41 (b) Al B. 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) Accident  
(b) Date of occurrence Aug 29 41 1941  
(c) Where did injury occur? Joplin Jasper Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Street crossing (Specify type of place)  
While at work? While passing street of injury  
23. Signature R. W. Herber (M. D. or other)  
Address Carthage Mo. Date signed Aug 30

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

31

41

*James* 41-10-836

**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 *John A. Surnif*  
Licensed Embalmer No. *830 Okla*  
P. O. Address *Picher Okla*

**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.**