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X23159

*Dr Crawford* 88507

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

DEC 17 1941

Registration District No. 4-11

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH: Jasper  
 (a) County \_\_\_\_\_  
 (b) City or town. Joplin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1105 Valley  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community several years years, months or days)

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

4. Sex Female 5. Color of White 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if all Dead years  
 7. Birth date of deceased July 23, 1859  
 (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 13 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Christian Co. Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Lige Grimmitt  
 13. Birthplace Tenn.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lavern Black  
 (b) Address 1501 Joplin, Joplin, Mo.

17. (a) Burial (b) Date thereof 11-8-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director Lanpher Mortuary  
 (b) Address Joplin Missouri

19. (a) 11-7-41 (b) Ed D James  
 (Date received local registrar) (Registrar's signature)

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. 1105 Valley (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6th  
 year 1941 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from 11-3-1941 to 2 days 19\_\_\_\_;  
 that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death Concussion  
Stroke

Due to \_\_\_\_\_

Due to Primary unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H&E

Of autopsy \_\_\_\_\_

Duration  
 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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Ed D James (M. D. or other)  
 Address Joplin, Mo. Date signed 11-7-41

312 (Licensed Embalmer's Statement on Reverse Side)

41-12-1024

regral

30

0013

**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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin mo

**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.**