No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38528

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin Ct. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2652 E. 8th (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: In this community: 34 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin Mo. (If outside city or town limits, write "RURAL")
(d) Street No.: 2652 East 8th St; Joplin Mo; (If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME: Minnie E. Hislop
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: widow
6. (b) Name of husband or wife: Charles Hislop
6. (c) Age of husband or wife if alive: Dead years
7. Birth date of deceased: Jan. 4, 1871. (Month) (Day) (Year)
8. AGE: Years 70 Months 10 Days 12 If less than one day hr. min.
9. Birthplace: Marion Co Ill; (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: N.B. Reece
13. Birthplace: Penn. (City, town, or county) (State or foreign country)
14. Maiden name: Mary Godfrey
15. Birthplace: Penn. (City, town, or county) (State or foreign country)
16. (a) Informant: Miss Ruth Hislop
(b) Address: 2652 East 8th St; Joplin Mo;
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 17 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Cemetery
18. (a) Signature of funeral director: Hurlbut Und. Co;
(b) Address: Joplin Mo;
19. (a) 11-18-41 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 16, day 1941; year hour 11-20 P. M. minute M.
21. I hereby certify that I attended the deceased from Jan 27, 1941, to Nov 16, 1941; that I last saw her alive on Nov 16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis
Due to: Arteriosclerosis
Due to: Hypertension
Other conditions (Include pregnancy within 3 months of death): 94a
Major findings: Of operations:
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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: [illegible] (M. D.)
Address: Joplin Mo Date signed 11-18-41

371 (Licensed Embalmer's Statement on Reverse Side)

41-13-1045

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 with the above constitutes grounds for revocation of license.)

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