

No. 2
13-40
17-39
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38543

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEC 17 1941

411

Primary Registration District No. 2002

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: St. Johns Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 31 years
(Specify whether In this community 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. 2406 Porter Ave;
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME FLORENCE HOWARD;

(b) If veteran, No name war.

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 6, day 1941
year _____ hour 4-15 P.M. minute _____ M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W.J. HOWARD. 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 5, 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-18-40, 19____, to 11-6-41, 19____; that I last saw her alive on 11-6-41, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 41 Months 5 Days 1 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma left Breast
Carcinoma left Lung

Due to _____

Due to _____

9. Birthplace MILLVILLE WIS;
(City, town, or county) (State or foreign country)

Other conditions 50
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James SERRATT

13. Birthplace West Va,
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Mc-Carrey

15. Birthplace Boston Mass
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lea (Wales)

(b) Address 2406 Porter Ave Joplin Mo;

17. (a) removal (b) Date thereof Nov. 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baxter Springs Kansas

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

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

Major findings: Ca of Breast removed 2-18-40

Of operations _____

Of autopsy _____

Duration 22 months
8-17-41

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

23. Signature Walter Houser (M. D. or other) W

Address Joplin Mo. Date signed 11/7/41

41-12.1032

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. *25478*

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.