

S. No. 2
1-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42181

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1020 Furnace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
37 yrs. (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Temperance Tucker

3. (b) If veteran. * * name war
3. (c) Social Security No. * *
4. Sex Fem /
5. Color or race W
6. (a) Single, widowed, married, divorced, widow 9
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 8 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days -
If less than one day hr. min.

9. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home duties

11. Industry or business

12. Name Lewis Hallmark
13. Birthplace Tenn.
14. Maiden name Rachel Hale.
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant J. Tucker
(b) Address Redings Mill, Joplin, Mo.

17. (a) Burial (b) Date thereof 12/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forrest Park

18. (a) Signature of funeral director
(b) Address Joplin, Mo.

19. (a) 12-13-41 (b) Ed D James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1020 Furnace 5-
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8
year 1941 hour 3 minute 30 p.M.
21. I hereby certify that I attended the deceased from 12-1-41
12-8-1941 to 19
that I last saw him alive on 12-1-41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis
Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
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 V.E. Keeney (M. D. or other)
Address 311 Sumner Park Date signed

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

29
62

42-1-1121

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. Parpia*

Licensed Embalmer No. *25118*

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.