

JAN 16 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42190

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 Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(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 8 hours  
In this community Lifetime (Specify whether years, months or days)

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. 630 N. Joplin  
(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 13  
year 1941 hour 5 minute 30 a.m.

21. I hereby certify that I attended the deceased from Dec 11 1941 to Dec 13 1941  
that I last saw her alive on Dec 13 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction  
Cholelithiasis  
Valvular heart disease  
Arteriosclerosis  
Due to: Arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death)

Major findings: 12282  
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) Means of injury (1)  
23. Signature Ray E Myers (M. D. or other)  
Address 708 Susco Bldg Date signed Joplin Mo

3. (a) PRINT FULL NAME Gertie Stephens Tenner

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 married

6. (b) Name of husband or wife August F. Tenner 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July 24, 1880  
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 19 If less than one day hr. min.

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

10. Usual occupation Home duties

11. Industry or business

12. Name John H. Stephens

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

14. Maiden name Sarah E. Maddy

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

16. (a) Informant Aug F. Tenner

(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 12/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem.

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

(b) Address Joplin, Mo.

19. (a) 12-15-41 (b) Ray E Myers  
(Date received local registrar) (Registrar's signature)

372 (Licensed Embalmer's Statement on Reverse Side)

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

Myers

19  
2  
5

42-1-11-28

**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 Goffis

**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.