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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1811

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Butler City

(b) City or town Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91

(c) City or town Doniphan 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. Rt. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Linda Louise Joplin

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 2nd (Day) 1941 (Year)

8. AGE: Years | Months 9 | Days 19 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Clyde Joplin
13. Birthplace Ripley County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Hazell Collins
15. Birthplace West Plains (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Clyde Joplin (Father)
(b) Address Doniphan Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Ripley County

18. (a) Signature of funeral director Blacker Mortuary
(b) Address Doniphan Mo.

19. (a) 1-27-42 (Date received local registrar) (b) Belee Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 year 1942 hour 5:00 minute 9 A.M.

21. I hereby certify that I attended the deceased from 1-14 1942 to 1-21 1942 that I last saw her alive on 1-21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis, meningococcic — Duration 3 weeks

Due to 6

Due to

Other conditions Otitis media, Rt.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
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? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? (e) Means of injury

23. Signature C H Porter (M. D. or other)
Address Poplar Bluff, Mo Date signed 1-23-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 242-224
Date Filed 2-11-42

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.