

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 18 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

49
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1601 Virginia St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 year 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. 1601 Virginia
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Jane (Mollie) Morris

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F. 5. Color or race W

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

6. (b) Name of husband or wife deceased

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

7. Birth date of deceased June 9 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name -----McGinnis

13. Birthplace no data / Ohio
(City, town, or county) (State or foreign country)

14. Maiden name -----Holderman

15. Birthplace no data 9
(City, town, or county) (State or foreign country)

16. (a) Informant Dau. Mrs. John Curlee

(b) Address 1601 Virginia

17. (a) Burial (b) Date thereof 1/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Wedge Nelson

(b) Address Webb City Mo.

19. (a) 1-12-42 (b) Ed J. James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1942 hour 10:20 minute _____ A. _____ M.

21. I hereby certify that I attended the deceased from Dec 27 to Jan 10 1942
and that death occurred on the date and hour stated above. 1947

Immediate cause of death _____

Due to Carcinoma

Due to Stomach

Other conditions (include pregnancy within 3 months of death) _____

Major findings: H&P

Of operations _____

Of autopsy _____

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? _____

23. Signature Ed J. James (M. D. or other) _____
Address 1601 Virginia Date signed Jan 24 1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. 2859
working under my personal supervision.

Signed C. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City, 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.