

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. ....

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: St John Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 days  
In this community 35 years (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. 27th E. Porter Ave  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

3. (a) PRINT FULL NAME Angie Woods

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife no h. 6. (c) Age of husband or wife if alive deceased 5 years

7. Birth date of deceased July 8 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 8 If less than one day — hr. — min. —

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

10. Usual occupation Housewife

11. Industry or business —

MOTHER { 12. Name John Starns  
13. Birthplace Wickard, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name No record  
15. Birthplace No record  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. R. Walker

(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof Jan 19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fair View Cem

18. (a) Signature of funeral director Thos. Hill-Dillon  
(b) Address Joplin, Mo.

19. (a) 1-17-42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16 year 1942 hour 7 minute — P. M.

21. I hereby certify that I attended the deceased from Dec 15 1941 to Jan 16 1942 that I last saw her alive on Jan 16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, ch 6 mo

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 93d

Major findings: 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 [Signature] (Specify type of place) (M. D. or other) —

Address Joplin Mo Date signed 1-17-42

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

W. T. BUR. 5776

42-1-81

**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..... *David Hillon* .....

Licensed Embalmer No. *3898* .....

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.**