U. S. No. 2
DM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6958

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. 52

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: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: missouri (b) County: Jasper 49
(c) City or town: Joplin 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2730 Wall St. 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 8
If yes, name country

3. (a) PRINT FULL NAME: Angeline Shade
3. (b) If veteran, name war: **
3. (c) Social Security No.: **
4. Sex: fem
5. Color or race: white
6. (a) Single, widowed, married, divorced: widow
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: April (Month) 22 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
82	10	2	hr. 0 min.

9. Birthplace: Ontario (City, town, or county) Canada (State or foreign country)
10. Usual occupation: housekeeper
11. Industry or business:
FATHER 12. Name: ** Doner
FATHER 13. Birthplace: Penn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: unknown
MOTHER 15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Emma Smith
(b) Address: 2730 wall st, Jopin Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof: Feb 26 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: FAIRVIEW
18. (a) Signature of funeral director: Hurlbut Und. Co.
(b) Address: 212 Joplin St. Joplin Mo.
19. (a) 2-26-42 (Date received local registrar) (b) Gertrude Sudholter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24 year 1942 hour 1 minute p. M.
21. I hereby certify that I attended the deceased from Sept 4 1941 to July 24 1942 that I last saw her alive on July 22 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic nephritis	14 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131b

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? (Specify type of place)
While at work? Means of injury 0
23. Signature: J H Cuerlaur (M. D. or other)
Address: Joplin Mo Date signed 2/27/42

12 U7 (Licensed Embalmer's Statement on Reverse Side)

42.2.152

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 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.