. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

49
2
5

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1942

Registration District No. 477

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

Dr Wilbur

State File No. 11047

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 110½ West 1st 5
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ursula Rose Meredith

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 2

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased September 29, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	5	26	hr. min.

9. Birthplace Newton County Missouri 10
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Slocum
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Young
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mona Miller
(b) Address 222 Park, Joplin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-42
(Month) (Day) (Year)
(c) Place: burial or cremation Wanda, Missouri

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 4-10-42 (Date received local registrar) (b) Gertrude Sudhoetter (Registrar's signature)
1204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1942 hour 1:00 minute a M.

21. I hereby certify that I attended the deceased from Mch 17, 1942 to Mch 27, 1942
that I last saw her alive on Mch 26, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Mediastinum	3 mo
Due to Carcinoma of Breast	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 50	
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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature H L Cerlum (M. D. ~~or other~~)

Address Joplin Mo Date signed 3-27-42

(Licensed Embalmer's Statement on Reverse Side)

42.3.270

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 F. M. Jones

Licensed Embalmer No. 2319

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.