

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

11070
Do not use this space.

FILED APR 13 1942

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Stallens 1 Primary Registration District No. 2002 Registered No. 86
 (c) City Joplin or Joplin (d) Street No. 2205 Harbor (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Isabelle Stamped 047
 (a) Residence, No. Stella, Mo. St. Stella, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widowed)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18 1861
 7. AGE YEARS 80 MONTHS 11 DAYS 27 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 FATHER 13. NAME Bill Kelley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 MOTHER 15. MAIDEN NAME N. known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. known
 17. INFORMANT Mrs. Charles Stamped (ADDRESS) Stella, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Stella, Mo. DATE Mar. 16 1942
 19. FUNERAL DIRECTOR (NAME) Pogue & Son (ADDRESS) Wheatland Mo.
 20. FILED 3-14-42 Virginia P. Schroetter Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14 1942
 22. I HEREBY CERTIFY, That I attended deceased from 17/17 1942 to 3-14 1942
 I last saw him/her on 3-14 1942 Death is said to have occurred on the date stated above, at 2 P. M.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset 9/42
94a
 Other contributory causes of importance:
Chol. Valvular Heart Disease
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) R. M. Jones (M. D.)
 (Address) Joplin, Mo. 3/14/42

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

42-3-249

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 Wm Morris Poque

Licensed Embalmer No. 2442

P. O. Address Wheaton, 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, above space should be left blank.