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DEPARTMENT OF COMMERCE
BUREAU OF NEW CENSUS
FILED MAY 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. 143

49
2
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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 City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community All her life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural Route # 3
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 3
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Alta Brown

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1942 hour 1 minute 45 AM.

21. I hereby certify that I attended the deceased from March 27
1942 to April 8 1942.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Alva L. Brown

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 18 1890
(Month) (Day) (Year)

that I last saw her alive on April 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia following bilateral lobar pneumonia. Duration 12 days

8. AGE: Years Months Days If less than one day

51 9 21 hr. min.

Due to _____

Due to _____

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

Major findings: None

Of operations _____

Of autopsy _____

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

10. Usual occupation House Wife

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas L. Thompson

13. Birthplace Dont Know
(City, town, or county) (State or foreign country)

14. Maiden name Mary Moore

15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Alva L. Brown

(b) Address Joplin Mo. R.F.D. 3

17. (a) Burial (b) Date thereof 4 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca Mo.

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 (a) about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director W. H. Suggard

(b) Address Seneca, Mo.

19. (a) 4-13-42 (b) Hector Susholter
(Date received local registrar) (Registrar's signature)

While at _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. H. Suggard (M. D. or other) _____
Address Joplin Mo. Date signed 4/11/42

42-4-398

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 J.W. Buzzard
Licensed Embalmer No. 4215
P. O. Address Seneca 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.