

No. 4-12-5-37-3

14848

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 14 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 49

Primary Registration District No. 2022

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Jasper Mo

(b) City or town Joplin Mo City

(c) Name of hospital or institution: St. Johns

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days

In this community many during hospitalization

years, months or days near Stotts City many years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence <sup>53</sup>

(c) City or town Near Stotts City, Rural <sup>5</sup>

(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 1

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Mrs. George Sharon

(b) If veteran name war X

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16

year 1942 hour 2:15 minute 0 M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married married

6. (b) Name of husband or wife George Sharon

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec 28 1870

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 14th

1942 to April 16th 1942

that I last saw her alive on April 15th 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration \_\_\_\_\_

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>3</u>	<u>18</u>	hr. _____ min.

Due to Pneumonia

Due to Fracture Surgical neck - left humerus

9. Birthplace Mr. Vernon Mo X U

(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation At Home

11. Industry or business Farmer's Wife

12. Name Stephen Hitz

13. Birthplace Ohio

(City, town, or county) (State or foreign country)

14. Maiden name Martha Ager

15. Birthplace Ohio

(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Pearl Maps (daughter)

(b) Address Baxter Springs Kan

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Apr 17 1942

(Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery - Lawrence Co.

18. (a) Signature of funeral director George B Orr

(b) Address Mr. Rejon Mo

19. (a) 4-22-42 (Date received local registrar)

(b) Gertrude Sudhoelter (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence 4-5-42

(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 \_\_\_\_\_

Signature W. C. Bell (M.D. or other) 4/16/42

Address 607 Erie Bldg Date signed 4/16/42

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

ty 2 5

**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

*George B. Orr*

Licensed Embalmer No. *946*

P. O. Address *7 Mr Vernon 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14648

Registration District No. ....

Primary Registration District No. 2002

Registrar's No. ....

1. PLACE OF DEATH:

(a) County..... Gaspey

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

(c) Name of hospital or institution: St Johns Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME Mary J. Sharron

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex..... F

5. Color or race..... w

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased..... Dec 28 - 1890  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>3</u>	<u>18</u>	min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County..... Lawrence

(c) City or town..... Rural  
(If outside city or town limits, write "RURAL")

(d) Street No.....  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April..... day..... 6  
year..... 1942 hour..... minute..... 15 a.m.

21. I hereby certify that I attended the deceased from.....  
that I last saw him..... alive on.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death..... Pneumonia

Due to..... Fracture - Surgical neck - lb humerus

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, homicide (specify).....

(b) Date of occurrence..... April 12/42

(c) Where did injury occur..... Home - State, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial plant, or in public place?  
at Home - State, Mo.  
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M.D. or other).....

Address..... Date signed.....

SUPPLEMENTARY

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

MOTHER FATHER

Duration.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

