

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

MIB JUN 10 1942

Primary Registration District No. 2002

Registrar's No. 225

49
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin City

(c) Name of hospital or institution Derfelt Hospital

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

(d) Length of stay: In hospital or institution 5 days

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 Joplin

(d) Street No. 1407 Minnesota

(If rural, give location)

(e) Citizen of foreign country? No

If yes, name country

3. (a) PRINT FULL NAME Irene Louise Carr

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

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

4. Sex Fem /

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased August 4th 1921

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
20 last	9	25	hr. min.

9. Birthplace Joplin Missouri

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

10. Usual occupation House wife

11. Industry or business same

12. Name Joe Love.

13. Birthplace Joplin Mo.

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

14. Maiden name Bessie Milledge

15. Birthplace Kansas

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

16. (a) Informant Clarence Carr

(b) Address 1407 Minnesota

17. (a) Burial (b) Date thereof June 2nd 42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Park cem.

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

(b) Address Joplin Mo

19. (a) 6-1-42 (b) ...

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29

year 1942 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from May 26

1942 May 29 1942

that I last saw her alive on May 29 1942

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

Immediate cause of death

Perforated Appendix

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

12 11

Major findings: Perforated Appendix

Of operations: Sawn edge Peritonitis

Of autopsy

Duration

2 days

2 days

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

23. Signature ...

Address Joplin Mo. Date signed 6-1-42

42.5-475

MAY 27 1946

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 *Ray K. Schubert*

Licensed Embalmer No. *95-9*

P. O. Address *Open Me*

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.