

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 10 1942

Registration District No. 477

Primary Registration District No. 2002

Registrar's No. 220

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. 6 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Sarcoxie
(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 _____

3. (a) PRINT FULL NAME Maude Helen Hood

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 Widowed
6. (b) Name of husband or wife Walter 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Jan 21, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 4 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Lee Dee Osbogue
13. Birthplace Joplin, Mo
14. Maiden name Margaret Osbogue
15. Birthplace Joplin, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Hood

(b) Address Joplin, Mo

17. (a) Burial (b) Date thereof 5/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dudman Cemetery

18. (a) Signature of funeral director Roland C. Engelage

(b) Address Sarcoxie, Missouri

19. (a) 5-27-42 (b) Arthur J. Sudhott
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1942 hour 3:00 minute AM

21. I hereby certify that I attended the deceased from 5-19
May 19, 1942 to May 24, 1942
that I last saw h. alive on 3-27 May 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
Due to Age & diabetes mellitus

Due to _____
Other conditions 61
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

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

(a) Accident, suicide, or homicide (specify) X
(b) Date of occurrence X
(c) Where did injury occur? X
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature C. J. Telauke (M. D. or other MD)
Address Joplin, Mo. Date signed 5-27-42

Duration
1 Mo.
5 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

42-5-470

3016 Will

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.....
.....
working under my personal supervision.

Registered Apprentice No.

Signed Geo. B. Orr.....

Licensed Embalmer No. 946.....

P. O. Address W. 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.