9-15-72
No. 2
9-4-41
5-17-39
X29484

Neff & Coombs - 5-3

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18221

State File No.

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. 188

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since Jan 17 (Specify whether years, months or days)
In this community since 1893

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 925 N. Moffet Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Flora Pate
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 31 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
63	1	6	hr. min.

9. Birthplace Lindsey, Ontoria, Canada. 2 (City, town, or county) (State or foreign country)
10. Usual occupation Housework, at home
11. Industry or business
12. Name Edward Lawder (FATHER)
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
14. Maiden name Mary McCormick (MOTHER)
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs J.K. Wingert
(b) Address 902 N. Sergeant, Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 8 42 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cemetery
18. (a) Signature of funeral director Thornhill-Dillon
(b) Address 305 W. 4th St. Joplin Mo.
19. (a) 5-8-42 (Date received local registrar) (b) Gertrude Dudhoeffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1942 hour 3 minute 10 p M.
21. I hereby certify that I attended the deceased from May 17, 1942 to May 6, 1942, that I last saw h. alive on May 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	3 or 6 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Hart L. Ott (M. D. or other) M.D.
Address Joplin Mo. Date signed 5/8/42

1207

(Licensed Embalmer's Statement on Reverse Side)

42-5-438

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.....Don Tetrick

Licensed Embalmer No.....4908

P. O. Address.....Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18221

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

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

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Flora Pate

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 31 (Day) 18 (Year)

8. AGE: Years 63 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 31 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(b) 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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY