

Registration District No. 411

Primary Registration District No. 2032

Registrar's No. 309

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

(c) Name of hospital or institution:
Joplin, Mo: RFD# 3 Box 114
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Yrs (Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jasper

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

(d) Street No. RFD#3 Box 114
(If rural, give location)

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

3. (a) PRINT FULL NAME Donna Jane Olds

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased: May 24th 1940
(Month) (Day) (Year)

8. AGE: Years 2 Months 2 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Lewis Olds

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

14. Maiden name Maxine Foster

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

16. (a) Informant Lewis Olds

(b) Address Joplin, Mo: RFD#3 Box 114

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 31 42
(Month) (Day) (Year)

(c) Place: burial or cremation Osborn Memorial

18. (a) Signature of funeral director Parker Hunsaker

(b) Address 1502 Joplin St

19. (a) 8-3-42 (Date received local registrar) (b) Gertrude Sudholter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1942 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from 7-21-42
1942 to 7-29-1942, 1942;
that I last saw her alive on July, 29th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Malaria and Typhoid Fever

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place)
(Means of injury) 2

23. Signature H. W. Bergelt D.O.

Address 2314 Joplin St Date signed 8-1-42

42.7.652

100 300

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin, 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.