

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
FILED SEP 11 1942

27410

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

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 341

49  
52

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:  
2211 West 1st /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 60 Yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper **49**

(c) City or town Joplin **2**  
(If outside city or town limits, write "RURAL") **5**

(d) Street No. 2211 West 1st  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rosa Ewers

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 Married

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Dec 26 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>7</u>	<u>19</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Willie Wolwell

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

14. Maiden name Mary MILLER

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

16. (a) Informant Alta Clark

(b) Address L. A. Cal.

17. (a) Burial (b) Date thereof AUG 7-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HILLCREST GALENA

18. (a) Signature of funeral director Parker Hunsaker

(b) Address 1502 Joplin St

19. (a) 8-17-42 (b) Detwiler Sudhutter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 14  
year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11/1/42  
19\_\_\_\_ to 8-3-42 19\_\_\_\_  
that I last saw her alive on 8-3-42 19\_\_\_\_  
and that death occurred on the date and hour stated above

Immediate cause of death Carcinoma  
C generalized metastasis

Due to Carcinoma of Breast

Due to \_\_\_\_\_

Other conditions 50  
(Include pregnancy within 3 months of death)

Major findings: lobular Breast  
Of operations Amputation  
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) (e) Means of injury (c)

23. Signature E. Emory Johnson Jr M. D. or other \_\_\_\_\_

Address 24-28 Third Date signed 8/17/42

1240 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

19 |

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.