S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30539

State File No. 1

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 397

49
2
5

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: 512 S. Cox
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 512 S. Cox
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Luella Crossland

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 widowed 2
6. (b) Name of husband or wife Thomas C.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased September 21, 1865 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	11	25	hr. min.

9. Birthplace ..... (City, town, or county) Illinois (State or foreign country)
10. Usual occupation home duties
11. Industry or business
FATHER
12. Name Thomas Welch
13. Birthplace ..... (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Anna Booz
15. Birthplace ..... (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Laura Crossland
(b) Address 512 S. Cox
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/42 (Month) (Day) (Year)
(c) Place: burial or cremation Rich Hill, Mo.
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.
19. (a) 9-15-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1942 hour 6 minute 30 p.M.

21. I hereby certify that I attended the deceased from several years, 19.., to Sept. 14, 1942
that I last saw her alive on Sept 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to
Other conditions endo condition
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: several years

PHYSICIAN
Underline the cause to which death should be charged statistically.

830

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 J. Achenowitz (M. D. or other) MD
Address Joplin Mo Date signed 9/15/42

1204

(Licensed Embalmer's Statement on Reverse Side)

42-9-834

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.....

Licensed Embalmer No.....

P. O. Address.....

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.