No. 2
9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30558

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 380

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

Dr Coats

1. PLACE OF DEATH:

(a) County Jasper 49
(b) City or town Joplin 2 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 521 N. Wall St - 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether In this community 1 month years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 5 (If outside city or town limits, write "RURAL")
(d) Street No. 521 N. Wall (If rural, give location)
(e) Citizen of foreign country? No — (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Elizabeth Jenkins
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 Widowed
6. (b) Name of husband or wife Dead Henry
6. (c) Age of husband or wife if alive years
7. Birth date of deceased ~~Day~~ May (Month) 8 (Day) 1861 (Year)

8. AGE: Years 81 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Linn Creek — (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business Housewife —
FATHER
12. Name George W. Green
13. Birthplace No Record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary U. Decrest
15. Birthplace No Record (City, town, or county) (State or foreign country)
16. (a) Informant Wesley Day
(b) Address Webb City, Mo.
17. (a) Burial — (Burial, cremation, or removal) (b) Date thereof 9/5/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.
18. (a) Signature of funeral director Marshall-Dillon Mortuary
(b) Address Joplin, Mo.
19. (a) 9-12-42 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3 year 1942 hour 8 minute am.
21. I hereby certify that I attended the deceased from Aug - 24, 1942 to Sept - 2, 1942 that I last saw her alive on Sept - 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Arteriosclerosis 830
Due to
Other conditions Hypertension (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

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 Charles E. Coats (M. D. or other) M
Address Joplin Mo Date signed 9/5-42

1204 (Licensed Embalmer's Statement on Reverse Side)

42-9.806

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 Petrick

Licensed Embalmer No. 4008

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.