. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30564

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 411

1. PLACE OF DEATH:

14 (a) County Jasper

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

5 (c) Name of hospital or institution:
1815 Picher Ave; 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 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49 9

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

(d) Street No. 1815 Picher Ave;
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Edith Mae Ketchum

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fem. 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife A.E. KETCHUM

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan. 19, 1895 (Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Joplin Mo; (City, town, or county) 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Charles H. Hershey
13. Birthplace Nebraska (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Luella Brown;
15. Birthplace Kansas (City, town, or county) 1 (State or foreign country)

16. (a) Informant A. E. Ketchum
(b) Address 1815 Picher, Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 29 42 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address " Joplin Mo;

19. (a) 9-28-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 27 day 1942;
year hour 4-00 A.M. minute M.

21. I hereby certify that I attended the deceased from 9-26, 1942 to 9-26, 1942
that I last saw him alive on 9-26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Carcinoma of Breast

Due to

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

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

23. Signature [illegible] (M. D. or other) 1
Address Joplin Date signed 9-27-42

1204 (Licensed Embalmer's Statement on Reverse Side)

429.887

NOV 17 1943

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.....Percy K. Hurlbut

Licensed Embalmer No.....959

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.