

FILED NOV 12 1942

Registration District No. 156

Primary Registration District No. 2001

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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
(c) Name of hospital or institution: 304 Frisco Bldg.
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Rural
(d) Street No. R.F.D. # 1.
(e) Citizen of foreign country? no
If yes, name country

3. (a) PRINT FULL NAME Coeta Norine Doke

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 - 0

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

7. Birth date of deceased. April 28 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 22 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Leonard Doke
13. Birthplace Oklahoma
14. Maiden name Mary Fritchey
15. Birthplace Seneca, Missouri

16. (a) Informant Mrs. Mary Doke
(b) Address Seneca, Mo.

17. (a) Burial (b) Date thereof 10-21-42
(c) Place: burial or cremation Kirk Cemetary

18. (a) Signature of funeral director. [Signature]
(b) Address Seneca, Mo.

19. (a) 11-3-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20 year 1942 hour 12 minute 05 PM M.

21. I hereby certify that I attended the deceased from 10/10/42 to 10/20/42, that I last saw her alive on 10/18/42 and that death occurred on the date and hour stated above.

Immediate cause of death acute enteritis

Due to

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

Major findings: Of operations 119a
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature [Signature] (M. D.)
Address 304 Frisco Bldg. Joplin Date signed 10/24/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Not Embalmed

Registered Apprentice No. ~~2504~~

working under my personal supervision.

Signed *B.W. Ruggard*

Licensed Embalmer No. *2334*

P. O. Address *Seneca, 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.