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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 452

49
2
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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 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2304 West 3rd 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 25 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49 2 5

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

(d) Street No. 2304 West 3rd (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Lillie Mae Giddens

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 26th (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	3	23	hr. min.

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

10. Usual occupation home work

11. Industry or business

FATHER
12. Name Benjamin Welch
13. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Cynthia Ann Bloodshaw
15. Birthplace Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Hubert Cartrights

(b) Address 2304 West 3rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 21 (Day) 42 (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker Hunsaker

(b) Address Joplin, Mo.

19. (a) 10-23-42 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19th year 1942 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Sept. 3, 1942, to Oct. 19, 1942, that I last saw her alive on Oct. 18, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	10 wks?
Due to Hypertention	10? yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 93	

Major findings:
Of operations None
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 0

23. Signature O. T. Blanke (M. D. or other) M.D.

Address 725 Frisco Bldg., Joplin, Mo. Date signed 10-20-42

1204 (Licensed Embalmer's Statement on Reverse Side)

912

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 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.