S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34017

Registration District No. 136 — Primary Registration District No. 2001 — Registrar's No. 462

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: 224 St. Louis (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community: 30 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jasper
(c) City or town: Joplin (If outside city or town limits, write "RURAL")
(d) Street No.: 224 St. Louis (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country: 0

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3. (a) PRINT FULL NAME: Ellen Nora Kaylor HETRICK.
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: Jan (Month) 18th (Day) 1870 (Year)
8. AGE: Years 72 Months 9 Days 7 If less than one day hr. min.
9. Birthplace: Diamond (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
12. FATHER Name: W. O. Greninger
13. FATHER Birthplace: Penn (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Hanniette Herb
15. MOTHER Birthplace: Penn (City, town, or county) (State or foreign country)
16. (a) Informant: Lloyd Hetrick
(b) Address: 316 McConnell, Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Emmanuel
18. (a) Signature of funeral director: Parker Hunsaker
(b) Address: Joplin, Mo.
19. (a) 10-27-42 (Date received local registrar) (b) Gertrude Sudhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25th year 1942 hour 10 minute 15 P. M.
21. I hereby certify that I attended the deceased from 10-7-42, 19..., to 10-25-42, 19...; that I last saw her alive on 10-25-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Hypertension
Due to:
Other conditions (Include pregnancy within 3 months of death): 83a!
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: Dr. Roy F. Freeman (M.D. or other) D.O.
Address: Joplin, Mo. Date signed: 10-27-42

1204 (Licensed Embalmer's Statement on Reverse Side)

932

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.