

V. S. No. 2
OM-9-4-41
Rev. 5-17-39
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34026

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 449

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15
2 years (Specify whether years, months or days)

In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 527 N. Joplin
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Dora E. Miller

3. (b) If veteran, name war ***

3. (c) Social Security No. ***

4. Sex Fem / 5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1860 years

7. Birth date of deceased June 27 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 25
If less than one day hr. min.

9. Birthplace Steamboat Rock Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name Dr. Orin Foster

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Aime C. Barnwell

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. May Foster

(b) Address 527 N. Joplin, Joplin, Mo.

17. (a) Burial (b) Date thereof 10/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1942 hour 8 minute AM

21. I hereby certify that I attended the deceased from Oct. 15 '42
Oct. 15 '42 to Oct. 22 '42, 1942
that I last saw her alive on Oct. 21 '42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis
(with thrombosis of embolus)
Due to Bad used hypertension
Since Oct. 15 '42
Due to Retention of tubercular
meninges

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

Major findings: 136

Of operations —

Of autopsy —

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? —

While at work? — (Specify type of place) (d. Means of injury) —

23. Signature Ralph L. Neff (M. D. or other) MD
Address Joplin, Mo. Date signed 10/23/42

1004 (Licensed Embalmer's Statement on Reverse Side)

FEB 16 1958

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.....

Perry L. Lurebeck

Licensed Embalmer No.....

959

P. O. Address.....

Japan 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.