

S. No. 2
OM-5-42
v. 5-17-39
X32873

37303

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 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. 487

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Hrs
(Specify whether years, months or days)

In this community 6 Yrs
(Specify whether years, months or days)

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. 2327 Virginia
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hattie B. Mack

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur E. Mack 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sent 11th 1895
(Month) (Day) (Year)

8. AGE: Years 47 Months 1 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Geo Lime

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

14. Maiden name Lura Sims

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

16. (a) Informant Arthur E. Mack
(b) Address 2327 Virginia

17. (a) Burial (b) Date thereof 11-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker Hunsaker
(b) Address Joplin Mo.

19. (a) 11-6-42 (b) Certificate of Death
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day Nov
year 1942 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Nov 3 1942 to Nov 4 1942
that I last saw him alive on Nov 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic Coma
Due to: diabetic retinitis
Duration: 24 hrs
4 yrs.

Due to: 61

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

Major findings: Of operations: k
Of autopsy: k
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?

(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: O.T. Tolanke (M. D. or other M.D.)
Address: 207 Main, Joplin, Mo. Date signed: 11-5-42

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

Don Blanke

42-11-951

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address. Johns MD

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.