No. 2
-9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

Registration District No. 156

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

41008
State File No.
Registrar's No. 558

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: 4 days (Specify whether years, months or days)
In this community: 4 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.: 601 Commercial
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Artellia Fields
3. (b) If veteran, name war: * * *
3. (c) Social Security No.: * * *
4. Sex: Fem
5. Color or race: Blk
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Dave Fields
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: August 30, 1902 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
40	3	17	hr. min.

9. Birthplace: Ringgold (City, town, or county) Louisiana (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
MOTHER FATHER
12. Name: Aleck Garner
13. Birthplace: Louisiana (City, town, or county) (State or foreign country)
14. Maiden name: Regina Mingo
15. Birthplace: Louisiana (City, town, or county) (State or foreign country)
16. (a) Informant: Dave Fields
(b) Address: 601 Commercial
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Parkway Cemetery
18. (a) Signature of funeral director: Hurlbut Und. Co.
(b) Address: Joplin, Mo.
19. (a) 12-20-42 (Date received local registrar) (b) Gertrude Sudhoetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17 year 1942 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from December 14, 1942 to Dec 17, 1942, that I last saw her alive on Dec 17, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis following Pelvic Infection	
Due to: Intra-Cervical tumor.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operation: Intra Cervical tumor	
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: [illegible] (M. D. or coroner)
Address: [illegible] Date signed: 12/17/42

1207 (Licensed Embalmer's Statement on Reverse Side)

42-12-109P

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 K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41008

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 5-5-8

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 John's Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 da (Specify whether years, months or days)

In this community: 4 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.: 601 Commercial (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Artellia Fields

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: F

5. Color or race: B

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

6. (b) Name of husband or wife: None

6. (c) Age of husband or wife if alive: 42 years

7. Birth date of deceased: Aug (Month) 30 (Day) 1902 (Year)

8. AGE: Years 40 Months 3 Days ..... If less than one day: ....hr. ....min.

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

10. Usual occupation:

11. Industry or business:

MOTHER FATHER

12. Name: Pallick Garner

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

14. Maiden name: Regina Mings

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

16. (a) Informant:

(b) Address:

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

(c) Place: burial or cremation:

18. (a) Signature of funeral director:

(b) Address:

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 1 year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ....19.... to ....19....; that I last saw him alive on ....19....; and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis following pelvic infection

Due to: Intra cervical tumor

Due to:

Other conditions: Dn

(Include pregnancy within 3 months of death)

Major findings: Intra cervical tumor

Of operation:

Autopsy: Lab Report - Ulcerated Pedunculated Smooth tumor, Slimy hyaline

Duration

PHYSICIAN

Underline the cause which death is charged and specifically

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: (M. D. or other)

Address: Joplin Mo Date signed:

SUPPLEMENTARY