

S. No. 2
M-5-42
5-17-39
X322873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

41034

FILED JAN 15, 1943

Registration District No. 58

Primary Registration District No. 2001

Registrar's No. 586

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

49
582

1. PLACE OF DEATH:

(a) County Jasper, Jasper

(b) City or town Joplin

(c) Name of hospital or institution: St. Johns. S
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: 6 weeks
(If not in hospital or institution, write street number or location)

In this community 21 years
(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. 370 Moffet
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Nora Mayes McUmiltz

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1942 hour 12:05 minute 0 A.M.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Mr.

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased: July 18, 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 10
If less than one day hr. min.

21. I hereby certify that I attended the deceased from Nov 6, 1942 to Dec 28, 1942
that I last saw him alive on Dec 28, 1942
and that death occurred on the date and hour stated above.

9. Birthplace: Blue Springs, Jackson Co. Mo.
(City, town or county) (State or foreign country)

Immediate cause of death: Embolicus Pulmonary arterial, Cerebral Arterial

Due to: Fracture Pelvis accidental - fell from both tub.

Other conditions (Include pregnancy within 3 months of death) 1860

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Ben P. Mayes

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

14. Maiden name Connor

15. Birthplace Washington Court House, Ohio
(City, town or county) (State or foreign country)

Major findings: 1860

Of operations 1860

Of autopsy 1860

PHYSICIAN —

Underline the cause to which death should be charged statistically.

16. (a) Informant J. M. McUmiltz

(b) Address 370 Moffet

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 12/30/42
(Month) (Day) (Year)

(c) Place: burial or cremation Newton Cent - Nevada Mo.

18. (a) Signature of funeral director Sherrill-Dillon

(b) Address Joplin, Mo.

19. (a) 12-30-42
(Date received local registrar)

(b) L. Gustave Dusholts
(Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 122

(b) Date of occurrence Nov 6, 1942

(c) Where did injury occur? Joplin Jasper, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home, fell in bath tub.
(Specify type of place) (Means of injury)

23. Signature W. C. Coover (M. D. or other)

Address Joplin, Mo. Date signed 12/28/42

1288 (Licensed Embalmer's Statement on Reverse Side)

1942

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..... *Orta. Thomas*

Licensed Embalmer No..... *3590*

P. O. Address..... *Appli, Wis.*

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.