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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1943

Registration District No. 156

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 2511

Registrar's No. 592

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: 414 McKinley 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JASPER 49 2 5

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

(d) Street No. 414 McKinley
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY EVELYN BRIGGS

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 Widowed

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

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

7. Birth date of deceased Jan (Month) 20 (Day) 1858 (Year)

8. AGE: Years 84 Months 11 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Bowling Green (City, town, or county) Ky (State or foreign country)

10. Usual occupation .....

11. Industry or business Housewife

FATHER
12. Name Doty
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Fred Briggs
(b) Address 414 McKinley

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation Carl Junction Mo

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

19. (a) 1-5-1943 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1943 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 3rd 1943, to Jan 3 1943
that I last saw her alive on Jan 3rd 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to .....

Due to .....

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

Major findings:
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? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Henry Kuecker (M.D. or other)
Address 304-5 Myers Bank Date signed 1-5-43

(Licensed Embalmer's Statement on Reverse Side)

1204

43-1-102

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.