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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

2524

State File No.

Registrar's No. 616

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: 125 Connor / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49 2 5

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

(d) Street No. 125 Connor (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Kate Darling

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 7, (Day) 1872 (Year)

8. AGE: Years 70 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Springfield, (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name C. E. Peters
13. Birthplace (City, town, or county) Kentucky / (State or foreign country)

MOTHER
14. Maiden name Druella Hardin
15. Birthplace (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant Mrs. Ralph Lane

(b) Address 102 North Jackson

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 20 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill, Kansas City Mo.

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin Street

19. (a) 1-19-43 (Date received local registrar) (b) Gertrude Swihoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17, year 1943 hour 10;00 minute A. M.

21. I hereby certify that I attended the deceased from April 1940 to January 17 1943 that I last saw her alive on January 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pernicious anemia	4 yrs
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 O. T. Blanke (M. D. or other) M.D.

Address 607 Main, Joplin Mo. Date signed 1-18-43

1204

(Licensed Embalmer's Statement on Reverse Side)

43-1-61

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.