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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. 274

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5834, 5835

State File No. 2927

Registrar's No. 1

1. PLACE OF DEATH:

(a) County -NEWTON

(b) City or town Shoal Creek Twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. 2, Joplin Mo; 1

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 73

(c) City or town Joplin

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

(d) Street No. Route 2, Joplin Mo;

(If rural, give location)

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

If yes, name country No 0

3. (a) PRINT FULL NAME Bonnie Sue Divine

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex FEMale

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. 10, 1943 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	3	hr. min.

9. Birthplace Newton Co; Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER

12. Name Burl Divine

13. Birthplace Webb City Mo; 0 (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Erma Yenzer

15. Birthplace Jasper Co. Mo; 0 (City, town, or county) (State or foreign country)

16. (a) Informant Burl Divine

(b) Address Route 2, Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21, 43 (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Mem Cem.

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) Jan 21-1943 (Date received local registrar) (b) Mrs. U. S. Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 19 day 1943 year hour 10-00 P. Minute M.

21. I hereby certify that I attended the deceased from Jan. 10, 1943, to Jan. 19, 1943 that I last saw him alive on Jan. 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Unknown	
Due to Infant was premature, perhaps 7 mo's gestation	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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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 U. S. Chapman (M. D. or other)

Address Joplin, Mo. Date signed 1-30-43

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(Licensed Embalmer's Statement on Reverse Side)

Date Received 1-10-43
File No. 143-17.

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Perry L. 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 with the above constitutes grounds for revocation of license.)

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