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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

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2939

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 633

1. PLACE OF DEATH:

(a) County ~~Jasper~~ Newton

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

(c) Name of hospital or institution: 3235 Oak Ridge Drive (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Jasper~~ Newton 73 2 5

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

(d) Street No. ~~3532~~ 3235 Oak Ridge Drive (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MOLLY FRANCES LANDERS

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 29, (Day) 1867 (Year)

8. AGE: Years 85 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Crumb.
13. Birthplace (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Elizabeth unknown
15. Birthplace (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Mrs. C. G. Cohagan

(b) Address 3235 Oak Ridge Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/43 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Ceme-

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

(b) Address 1502 Joplin Street

19. (a) 1-27-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 year 1943 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from January 17th 1943 to Jan 22 1943 that I last saw her alive on Jan 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 10 yrs.

Due to Rheumatic classification

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93C

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 S. D. Marbough (M. D. or other) D.O.

Address Joplin Mo Date signed 1-22-43

1221

(Licensed Embalmer's Statement on Reverse Side)

48-1-78

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.