

No. 2
9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6599

State File No.

Registrar's No. 80

FILED MAR 4 1943

Registration District No. 138

Primary Registration District No. 2001

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

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:
St. John's hospital
(If not in hospital or institution, write street number or location)

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

In this community 33 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 206 Pennsylvania avenue
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mayne Gould

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex fem

5. Color or race W

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

6. (b) Name of husband or wife D.P. Gould

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

7. Birth date of deceased October 21 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>3</u>	<u>16</u> hr. min.

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

10. Usual occupation retired housewife

11. Industry or business same

12. Name William Worthington

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

14. Maiden name Martha A. Duncan

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

16. (a) Informant Jan Gould

(b) Address 206 Penn Joplin Mo

17. (a) burial (b) Date thereof Feb. 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg, Kan.

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 2-6-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1943 hour 1 minute 30p M.

21. I hereby certify that I attended the deceased from Jan 23-43
1943 to Feb. 5 1943.

that I last saw her alive on Feb 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Fracture of L. Femur.

Due to

Other conditions (Include pregnancy within 3 months of death) 1869

Major findings: Of operations

Of autopsy

PHYSICIAN [Signature]

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) accident 122

(b) Date of occurrence Jan 23-43

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home.

While at work? (Specify type of place) (e) Means of injury fall

23. Signature [Signature] (M.D. or other) 0

Address 401 Francis Red Date signed 2-6-43

(Licensed Embalmer's Statement on Reverse Side)

1204

43-2-127

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: *Perry K. Hurlbut*

Licensed Embalmer No. *94-9*

P. O. Address *Open Hill*

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.