V. S. No. 2
50M—5-42
ev. 5-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10509

Registration District No. 256 Primary Registration District No. 2001 Registrar's No. 158

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:
2431 Williard
(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 10 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. 2431 Williard Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lena Box
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 Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 18, 1916 (Month) (Day) (Year)

8. AGE: Years 26 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Guthrie, (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name I. M. Stewart
13. Birthplace Salida, (City, town, or county) Colorado (State or foreign country)

MOTHER
14. Maiden name Lena Freeman
15. Birthplace Paris, (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant I. M. Stewart
(b) Address 2431 Willard
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin Street
19. (a) 3-16-43 (Date received local registrar) (b) Gertrude Duchoette (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1943 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 12, 1943 to March 14, 1943 that I last saw her alive on March 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Due to
Due to
Other conditions Anemia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

Duration

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature O. R. Chapman (M. D. or other)
Address Joplin, Mo. Date signed 3/15/43

(Licensed Embalmer's Statement on Reverse Side)

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

43-2-231

MAR 22 1943

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.