

S. No. 2
M-542
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10569
Registrar's No. 178

Registration District No. 156 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
(c) Name of hospital or institution: 2515 Bird St 1
(d) Length of stay: In hospital or institution, write street number or location
In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Martha Ann Petro
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 1 1877 (Month) (Day) (Year)

8. AGE: Years 66 Months 21 Days If less than one day hr. min.

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

10. Usual occupation Cook at Freeman Hospital

11. Industry or business Edward Davis

12. Name Edward Davis

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

14. Maiden name Julia Sharp (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs John Camp (b) Address Galveston Texas

17. (a) Burial (b) Date thereof 3-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Honest Park Cem

18. (a) Signature of funeral director Thimble DeLeon (b) Address 4th. wall, Joplin
19. (a) 3-25-43 (Date received local registrar) (b) Arthur Sudholtz (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 25
(d) Street No. 1201 Grand Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 22 year 1943 hour 7 minute 35 A.M.
21. I hereby certify that I attended the deceased from 3-21-43, 19 to 3-22-43, 19; that I last saw her alive on 3-22-43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Embolus 3-22-43
Due to: Coronary thrombosis 3-21-43
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 94 a
Of autopsy:

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: Arthur Sudholtz (M. D. or other) 3-26-43
Address: Joplin MO Date signed

Duration
3-22-43
3-21-43
PHYSICIAN
Underline the cause to which death should be charged statistically.

44

1204

(Licensed Embalmer's Statement on Reverse Side)

43-3-306

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..... *Alta Thomhill*
Licensed Embalmer No..... *3590*
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.