

S. No. 2
M-5-42
7-5-12
332573

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10580

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 163

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

52

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

(d) Length of stay: In hospital or institution 1 month;
(Specify whether
46 years years, months or days)

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. 1805 Anna Baxter Ave;
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Zula May Robinson

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 married

6. (b) Name of husband or wife George Robinson

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Oct. 27, 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>4</u>	<u>16</u>	hr. min.

9. Birthplace Joplin Mo;
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Edward F. Goettel

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

14. Maiden name Eunie L. Slutter

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

16. (a) Informant Mad Robinson

(b) Address 1805 Anna Baxter, Joplin Mo;

17. (a) Burial (b) Date thereof Mar. 18, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Pk.

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

(b) Address Joplin Mo;

19. (a) 3-18-43 (b) Arthur S. Sudholter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. 15, day 1943
year _____ hour 10-00 P. Minute _____ M.

21. I hereby certify that I attended the deceased from February 19
1943 to March 15, 1943;
that I last saw her alive on March 15, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure following a general carcinoma-
matisis

Due to Arising from a carcinoma of the head of the pancreas

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration undetermined

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 _____

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 Bob Hill (M. D. _____)

Address Joplin Mo Date signed 3-18-43

1204 (Licensed Embalmer's Statement on Reverse Side)

226
222/43

42-2-232

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.....

Perry K. Zurlbut

Licensed Embalmer No.....

959

P. O. Address.....

Jasper 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.