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V-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

ED MAY 13 1943

Registration District No. 256

Primary Registration District No. 2001

Registrar's No. 238

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:  
309 So. Cox  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community 10 Yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 309 So. Cox  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ELIZABETH J. BEST

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 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 June 24th 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 10 2 ..hr. ..min.

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

10. Usual occupation.....  
11. Industry or business Housewife

12. Name Wm. H. Whylen  
13. Birthplace Ind  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Shider

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

16. (a) Informant Mrs. Maggie Wallace

(b) Address 2013 Moffet

17. (a) Burial (b) Date thereof 4 27 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Siloam Springs, Ark

18. (a) Signature of funeral director Parker Hunsaker

(b) Address Joplin, Mo.

19. (a) 4-26-1943 (b) Elizabeth Shider  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 26th  
year 1943 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from April 10, 1943, to 5 April 25, 1943;  
that I last saw her alive on April 25, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism

Due to.....

Due to.....

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

Major findings:  
Of operations.....

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)  
(c) Means of injury.....

23. Signature J. M. Gray (M. D. or other)  
Date signed 7/2/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.