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M-5-42  
5-17-39  
I X3287

*Dr. C. C. Coats*

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14527

State File No. ....

LED APR 26 1943

Registrar's No. *211*

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 *Jasper*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution *Nurses Home 41809 Grand*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *4 mo*  
(Specify whether years, months or days)

In this community *45 years*  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* County *Jasper*

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

(d) Street No. *2424 Tyler*  
(If rural, give location)

(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME *Mary Garrison Claussen*

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 *2*

6. (b) Name of husband or wife *Mark*

6. (c) Age of husband or wife if deceased *deceased* years \_\_\_\_\_

7. Birth date of deceased *March 22 1858*  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *April* day *10th*  
year *1943* hour *5* minute *45 P.* M.

21. I hereby certify that I attended the deceased from *Jan 15* 19*43* to *April 9* 19*43*  
that I last saw her alive on *Apr 9* 19*43*  
and that death occurred on the date and hour stated above.

Immediate cause of death. *Tuber pneumonia* Duration \_\_\_\_\_

8. AGE: Years *85* Months *19* Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace *Crab Orchard West Virginia*  
(City, town, or county) (State or foreign country)

10. Usual occupation *House work*

11. Industry or business \_\_\_\_\_

12. Name *Abraham Phipps*

13. Birthplace *West Virginia*  
(City, town, or county) (State or foreign country)

14. Maiden name *Mary Mc Kinney*

15. Birthplace *West Virginia*  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions *Old age*  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy *no*

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant *Mrs. A. M. Hunsley*

(b) Address *2424 Tyler Ave*

17. (a) *Burial* (b) Date thereof *4-12-43*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Harrison Ave*

18. (a) Signature of funeral director *Thames Bell*

(b) Address *4th & Wall St*

19. (a) *4-10-43* (b) *H. S. Scholter*  
(Date received local registrar) (Registrar's signature)

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 *Charles E. Carter* (M. D. or other) \_\_\_\_\_

Address *306 Jesse St* Date signed *4-13-43*

43-4-35 /

**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..... *David Dillon* .....

Licensed Embalmer No. *3898* .....

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.**