S. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 26 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14583

Registration District No. 166 Primary Registration District No. 2001 Registrar's No. 196

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: S t Johns O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution three weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Crawford 14

(c) City or town Pittsburg O
(If outside city or town limits, write "RURAL")

(d) Street No. 103 W, Madison
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Frances A nn Purdon

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 Married

6. (b) Name of husband or wife John

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

7. Birth date of deceased Aug (Month) 6th (Day) 1909 (Year)

8. AGE: Years 33 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Whitehouse (City, town, or county) N Y (State or foreign country)

10. Usual occupation

11. Industry or business Housewfie

FATHER
12. Name Ernest Hoffman
13. Birthplace Kansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophia Cooper
15. Birthplace (City, town, or county) N. Y. (State or foreign country)

16. (a) Informant John Purdon
(b) Address Pittsburg, Kans;

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4 5 43 (Month) (Day) (Year)
(c) Place: burial or cremation Pittsburg, Kans

18. (a) Signature of funeral director Parker Hunsaker
(b) Address Joplin, Mo:

19. (a) 4-5-43 (Date received local registrar) (b) Gertrude Sudhoetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1943 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Mar 11, 1943 to Apr 2, 1943 that I last saw her alive on Apr 2, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Stomach	6 Mo
Due to: Tuberculosis peritonitis	8 wks
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46 h

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? (Specify type of place)

While at work? (e) Means of injury O

23. Signature [signature] (M. D. or other) Mo

Address Joplin Mo Date signed 4-3-43

(Licensed Embalmer's Statement on Reverse Side)

13-4-354

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 Steve Parker

Licensed Embalmer No. 2548

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.