

S. No. 2
4-5-42
5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14589**

FILED MAY 13 1943

Registration District No. **1943**

Primary Registration District No. **2001**

Registrar's No. **246**

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:
519 N. Mineral Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **5 years** (Specify whether 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. **519 N. Mineral Avenue**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **-**

3. (a) PRINT FULL NAME **Samantha Florence Severn**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Oscar R. Severn**

6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **August 21, 1872**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------------|
| | 71 | 8 | 3 | 0 hr. 0 min. |

9. Birthplace **Granby, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Alexander Moser**

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

14. Maiden name **Sarah Abernathy**

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

16. (a) Informant **Oscar Robert Severn**

(b) Address **519 N. Mineral, Joplin, Mo.**

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

(c) Place: burial or cremation **Osborn Memorial**

18. (a) Signature of funeral director **Thornhill-Dillon**

(b) Address **Joplin, Missouri**

19. (a) **4-30-1943** (Date received local registrar) (b) **Antonia Suchotter** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **24**
year **1943** hour **4** minute **P.**

21. I hereby certify that I attended the deceased from **4-24-43**
19... to **4-24-43**

that I last saw h. **ER** alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure**

Due to **Cancer**

Due to **of the nature of the disease and**

Other conditions **Hemorrhage**
(Include pregnancy within 3 months of death) **Rectal**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations **4/6/43**

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 **H.W. Hensel** (M. D. or other) **HO**

Address **2114 Joplin** Date signed **4/28/43**

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

MOTHER FATHER

43-4-422

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.