S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14595

Registration District No. 155 — Primary Registration District No. 5579 — Registrar's No. 18

D MAY 13 1943

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Mineral Twp. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co. OT BC Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 1/2 mo (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49 2 5
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1217 Valley
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Olive Truelove

3. (b) If veteran, name war no
3. (c) Social Security No. None

4. Sex F
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Jim Truelove
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Aug (Month) 9 (Day) 1895 (Year)

8. AGE: Years 47 Months 8 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace Arkansas (City, town, or county) 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Lenzy Ramey
13. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Laura Warren
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Records
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem.
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;
19. (a) Apr. 26 1943 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1943 hour 2 minute 45 P M.

21. I hereby certify that I attended the deceased from Nov 2, 1942, to April 22, 1943; that I last saw her alive on April 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 13 P

Major findings:
Of operations
Of autopsy

Duration

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 0

23. Signature Jesse E. Douglass (M. D. or other)
Address Webb City Mo Date signed 4/22/43

1190

(Licensed Embalmer's Statement on Reverse Side)

43-4-382

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 Hurlbut

Licensed Embalmer No. 959

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.