

S. No. 2
DM-5-42
REV. 5-17-39
X32273

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21611
Registrar's No. 353

FILED JUL 12 1943
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 Joplin Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Frazer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days
(Specify whether)

In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County McDonough

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

(d) Street No. Goodman Mo (R.F.D. #1)
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mrs. Stella Ray Hobbs

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1943 hour 3 minute 19 M.

21. I hereby certify that I attended the deceased from June 3 1943, to June 23 1943
that I last saw her alive on June 21 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Husband Mr. Pink Hobbs

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Sept. 17 1880
(Month) (Day) (Year)

Immediate cause of death Toxic Myocarditis Duration 12 hr

Due to Thyrotropin for toxic thyroid 3 yrs

Due to 63 hr

Other conditions 63 hr
(Include pregnancy within 3 months of death)

8. AGE: Years 63 Months 6 Days 06
If less than one day hr. min.

9. Birthplace Shuca Mo. U.S.A.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Mr. G.W. Murray

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

14. Maiden name Mrs. Edith Murray

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

PHYSICIAN

Major findings: Toxic thyroid

Of operations Toxic thyroid

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Hobbs

(b) Address Goodman Mo

17. (a) Rural (b) Date thereof 6-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson Mo

18. (a) Signature of funeral director Wesley Williams

(b) Address Goodman Mo

19. (a) 7-2-43 (b) Geitendo Seibold
(Date received local registrar) (Registrar's signature)

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)

23. Signature Joseph Star J (M. D. or other) _____

Date signed 6-24-43

1204 (Licensed Embalmer's Statement on Reverse Side)

43-6-843

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 *Ogle Stone Jr*
Licensed Embalmer No. 4126
P. O. Address *Neosho 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.