

22642

No. 2  
5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 17 1943

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 79

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada

(c) Name of hospital or institution: State Hosp. no 3 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3yr. 4 - 14 da  
(Specify whether years, months or days)

In this community same time

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper

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

(d) Street No. 920 Harrison Ave  
(If rural, give location)

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

3. (a) PRINT FULL NAME Alice R. Howard

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1943 hour 18 minute 5 A. M.

21. I hereby certify that I attended the deceased from Feb. 1  
1943, to May 16, 1943  
that I last saw her alive on May 16, 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 Widow

6. (b) Name of husband or wife unk

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

7. Birth date of deceased Mich 11 1866  
(Month) (Day) (Year)

Immediate cause of death Acute Insufficiency Chronic Myocarditis

Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

77 2 5 hr. min.

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

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

Other conditions Acute Psychosis  
(Include pregnancy within 3 months of death)

9. Birthplace Penna. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business unknown

MOTHER FATHER

12. Name unknown

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

14. Maiden name 11

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Hospital records

(b) Address Nevada Mo

17. (a) Burial (b) Date thereof 5-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Mo

18. (a) Signature of funeral director Thomhill-Dillon Mort

(b) Address Joplin, Mo

19. (a) 5-16-43 (b) Fazel B. Beuwick  
(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)

(e) Means of injury \_\_\_\_\_

23. Signature R. B. Hester (M. D. number) Mo  
Address Nevada Mo Date signed 5-16-43

60577. Coroner

RECEIVED  
District Health Officer No. 7,  
District File Number 5-43-578  
Date Filed 7-15-43

**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 Frank Don Tetrick

Licensed Embalmer No. 4008

P. O. Address Jeplim, 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.**