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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 11 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 423

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:
1414 Sargent Ave; /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 48 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. 1414 Sargent Ave;
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 1943
year _____ hour 9-20 A. Minute _____ M.

21. I hereby certify that I attended the deceased from
May-14 1943 to July 28 1943
that I last saw him alive on July 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial
weakness
Arterio-sclerosis
and Arthritis

Duration

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93.8
Of autopsy _____

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?

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature A. Loveland (M. D. or other)
Address Joplin Mo. Date signed 8/30/43

3. (a) PRINT FULL NAME Marvelia Burgess

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Fem. 5. Color or race W 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife B. C. Burgess 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 16, 1868;
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 12 _____ hr. _____ min.

9. Birthplace Sparta Mo; _____
(City, town, or county) (State or foreign country)

10. Usual occupation retired housewife

11. Industry or business _____

12. Name George W. Abbott

13. Birthplace Ky; _____
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Felton

15. Birthplace No record _____
(City, town, or county) (State or foreign country)

16. (a) Informant R. J. Ferguson

(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof July 30, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Mem. Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo.

19. (a) 7-30-43 (b) Gertrude Suckholte
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

43-7-684

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 *Henry K. Hurlbut*

Licensed Embalmer No. *95-9*

P. O. Address *Josephine Hill*

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.