

No. 2
1-2-43
5-17-39
1 X355

25219

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 406

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:
512 Pearl
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 70 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. 512 Pearl
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Chickering

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1943 hour 8 minute a. m.

21. I hereby certify that I attended the deceased from June 5, 1943 to July 25, 1943
that I last saw her alive on July 24, 1943
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W.

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

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

7. Birth date of deceased March 9 1859
(Month) (Day) (Year)

Immediate cause of death Senile Dementia Duration 6 mos.

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

84 4 16 ..hr.min.

Due to _____

Due to _____

Other conditions secondary anemia; arthritis
(Include pregnancy within 3 months of death)

9. Birthplace Ottawa Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: diff. marks.

Of operations X

Of autopsy N

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Theodore Lauderbach

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

14. Maiden name Morganne Vandersmith

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

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) (b) Means of injury _____

16. (a) Informant Henry L. Chickering

(b) Address 512 Pearl

17. (a) Burial (b) Date thereof 7/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Parker-Hungaker

(b) Address Joplin, Missouri

19. (a) 7-27-43 (b) Gertude Sushodt
(Date received local registrar) (Registrar's signature)

23. Signature O. T. Blauke (M. D. or other) M.D.
Address Frank Kelly, Joplin Mo. Date signed 7-29-43

1206

(Licensed Embalmer's Statement on Reverse Side)

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

49
58

49
2
5

43-2-671

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 F. M. Jones

Licensed Embalmer No. 2319

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.