

3. No. 2
1-5-42
5-17-39
1 X326119

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25245

State File No. _____

FILED AUG 11 1943

Registration District No. _____

Primary Registration District No. 5579

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Beckton, Mo.

(c) Name of hospital or institution: Jasper Co. TBC Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 4 months
(Specify whether In this community since Nov 1935 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL.") 5

(d) Street No. 2876 Jackson
(If rural, give location)

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

3. (a) PRINT FULL NAME Dora Haynes

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1943 hour 8 minute 20 P. M.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Edward

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Oct 14 1915
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 21 1943 to July 20 1943
that I last saw her alive on July 20 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 27 Months 9 Days 6
If less than one day hr. _____ min. _____

Immediate cause of death Pulmonary Tuberculosis

Duration _____

9. Birthplace mosho MO
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Housewife

11. Industry or business _____

12. Name David C Curtis

13. Birthplace Southwest 9
(City, town, or county) (State or foreign country)

14. Maiden name Effie Edwards

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

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Edward Haynes Joplin

(b) Address 2826 Jackson

17. (a) Burial (b) Date thereof 7-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Thomhill Bellon
(b) address 4th & Wash Joplin, Mo

19. (a) July 22, 1943 (b) Mrs. Lillie Cagle
(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 10

23. Signature Jew E Deaton (M. D. or _____) 7/20/43
Address West. City, Mo Date signed 7/20/43

1180 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

43-7-612



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 Paul A. Monville

Licensed Embalmer No. 3590

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.