

S. No. 2
FORM-2-43
5-17-39
1 X3459

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25264

State File No.

Registrar's No.

427

FILED AUG 11 1943

Registration District No. 756

Primary Registration District No. 2001

49
2
5

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:
Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community 38 Years
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. 3215 Oak Ridge Drive
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harriett H. Meredith

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

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 August 20 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 8
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name David Halterman

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

14. Maiden name Mary Louese Ford

15. Birthplace Syracuse N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paul Freeman

(b) Address 3215 Oak Ridge Drive

17. (a) Burial (b) Date thereof 7/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

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

(b) Address Joplin Missouri

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1943 hour 10 minute 35 p.m.

21. I hereby certify that I attended the deceased from 7-24
1943 to 7-28 1943
that I last saw her alive on 7-27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to Ch Endocard
Ch Parainfectious Nephrit

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 Joplin Mo (M. D. or other)
Date signed 7-29

Duration

sent
yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

1216

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

43-7-685

10-26

521

NOV 23 1968

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.

extra body checked 84-08-5