

S. No. 2
M-243
5-17-39
1 X3587

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25285

FILED AUG 11 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 394

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: Derfelt Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months
(Specify whether)

In this community 10 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

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

(d) Street No. 1214 Broadway
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Helen Opal Serage

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased April 11 1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>3</u>	<u>7</u>	hr. <u> </u> min. <u> </u>

9. Birthplace Sherman Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Harry Hamper

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

14. Maiden name Unknown

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

16. (a) Informant John Serage

(b) Address 1214 Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/43
(Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

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

(b) Address Joplin, Missouri

19. (a) 7-22-43 (Date received local registrar) (b) Gettembush Doctor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1943 hour 9 minute 15 p. a. M.

21. I hereby certify that I attended the deceased from April 17
1943 to July 18 1943
that I last saw her alive on July 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer - beyond of colon

Due to

Due to Cancer - beyond of colon

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma

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 (M. D. or other)

Address Date signed 7/19/43

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

49
52

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1204

(Licensed Embalmer's Statement on Reverse Side)

43-7-656

X

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.