S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25288

ED JUL 26 1943

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 389

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: 2030 Empire
(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)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town 2030 Empire St;
(If outside city or town limits, write "RURAL")
(d) Street No. Joplin Mo;
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Emma Solomon
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife J. W. Solomon
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 14, 1971 (Month) (Day) (Year)
8. AGE: Years 72 Months 2 Days 0 If less than one day hr. min.
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation retired housewife
11. Industry or business
MOTHER FATHER
12. Name John Moore
13. Birthplace Tenn; (City, town, or county) (State or foreign country)
14. Maiden name Mary Bolin
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Earl Garrett
(b) Address 2030 Empire, Joplin Mo;
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-43; (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo
19. (a) 7-16-43 (Date received local registrar) Gertrude Sudkatte (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 14, day 1943
year hour 10-30 P. M. minute M.
21. I hereby certify that I attended the deceased from April 10, 1943, to July 14, 1943
that I last saw her alive on July 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. Muller (M. D. or other)
Address Joplin Mo Date signed 7-16-43

(Licensed Embalmer's Statement on Reverse Side)

43-7-597

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: Perry K. Hubbert

Licensed Embalmer No. 959

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.