

FILED SEP 30 1943  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 30 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31829

State File No. \_\_\_\_\_

Registration District No. 156Primary Registration District No. 2001Registrar's No. 511

## 1. PLACE OF DEATH:

(a) County Gasper  
(b) City or town Gasper  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 5 years  
years, months or days)3. (a) PRINT FULL NAME Hazel Mae Cole

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

4. Sex fr 1 5. Color or race w 6. (a) Single, widowed, married, divorced \_\_\_\_\_6. (b) Name of husband or wife Charlie 6. (c) Age of husband or wife if alive 40 years7. Birth date of deceased June 9 1905  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
38 2 28 hr. min.9. Birthplace Lebanon Mo  
(City, town, or county) (State or foreign country)10. Usual occupation House work11. Industry or business House work12. Name Robert Biggs13. Birthplace Ark  
(City, town, or county) (State or foreign country)14. Maiden name Winnie Loeb15. Birthplace Michigan  
(City, town, or county) (State or foreign country)16. (a) Informant Charles Cole(b) Address 817 1/2 main st17. (a) Burial (b) Date thereof 9-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or crematory Fairview Cem18. (a) Signature of funeral director Thomhill Dillon(b) Address 4th & Wash St19. (a) 9-8-43 (b) Hutensudhalter  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasper  
(c) City or town Gasper

(d) Street No. 817 1/2 Main Melrose Hotel  
(If rural, give location)(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6  
year 1943 hour 1920 minutes am, M.21. I hereby certify that I attended the deceased from Mar-  
1, 1943 to Sept. 6, 1943that I last saw him alive on March Sept. 5, 1943  
and that death occurred on the date and hour stated above.Immediate cause of death Perforated  
ulcer of stomach

Due to \_\_\_\_\_

Due to Cancer? 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) (c) Means of injury \_\_\_\_\_

23. Signature Charles C. Bent (M. D. or other) 9-8-43Address 306 Pine St Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12041

(Licensed Embalmer's Statement on Reverse Side)

43-9-785

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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.....

*Cecil Thomhill*

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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Oct.

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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:

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community \_\_\_\_\_ years, months or days) (Specify whether

3. (a) PRINT FULL NAME Hazel M. Cole

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

4. Sex ♀ 5. Color or race W 6. (a) Single, widowed, married, divorced on

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

7. Birth date of deceased June 9 - 1913  
(Month) (Day) (Year)

8. AGE: Years 38 Months 2 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (Date received local registrar) (b) \_\_\_\_\_ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 81 1/2 N. Melrose Hotel  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 10 Year 1943 Hour \_\_\_\_\_ Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I have seen \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Perforated ulcer of stomach Duration \_\_\_\_\_

Due to Cancer of this is my opinion, as death was so sudden, following acute pain, and projectile vomiting

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? \_\_\_\_\_

23. Signature Charles G. Coats (Specify type of place) (e) Means of injury (M. D. or other)

Address 306 Third St. Joplin Mo Date signed 10-1-43

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

SUPPLEMENTARY

31829