

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35012

State File No.

NOV 12 1943 56

Primary Registration District No. 200V

Registrar's No. 589

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution:
409 West Third Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 8 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 049
(c) City or town Joplin
(d) Street No. 409 West Third Street
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Josephine Mills
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 19
year 1943 hour 12:10 minute A. M.
21. I hereby certify that I attended the deceased from
that I last saw him alive on Oct 19 1943
and that death occurred on the date and hour stated above.

4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Widowed
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 3 1864
(Month) (Day) (Year)

Immediate cause of death...
Chronic Myocarditis 3mo
Chronic Nephritis 3mo
Senility
Duration
Physician

8. AGE: Years Months Days
79 9 16
If less than one day hr. min.

9. Birthplace Taney County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation at home

11. Industry or business
12. Name No data
13. Birthplace " no data
14. Maiden name No data
15. Birthplace " no data

16. (a) Informant Son: John Mills
(b) Address Riverton, Kansas

17. (a) Burial (b) Date thereof 10/21/43
(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Hedge Nelson
(b) Address Webb City, Missouri

19. (a) 10-21-43 (b) Gertrude Sushalter
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
12/18

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature (M. D. Registrar)
Date signed

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

MOTHER FATHER

43-10-92.1

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..... *E. M. Hedge*
Licensed Embalmer No. *2859*
P. O. Address *W. H. P. P. P.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.