

No. 2  
4-2-43  
5-17-39  
X35627

DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS  
FILED DEC 19 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38450

State File No.

Registration District No. 155

Primary Registration District No. 5578

Registrar's No. 36

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin Twp - Rural  
(c) Name of hospital or institution: Ht. #1 - Box 521  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 33 years  
In this community 33 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Rural Joplin  
(If outside city or town limits write "RURAL")  
(d) Street No. Rt #1 Box 521  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME MARtha ROsetta Kay  
3. (b) If veteran, name war --- 3. (c) Social Security No. ---

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 8  
year 1943 hour 12 minute 45 P.M.  
21. I hereby certify that I attended the deceased from Feb 6th  
1939 to Nov 2nd 1943  
that I last saw h. or alive on Nov 2nd 1943  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alonzo 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased April 6 1871  
(Month) (Day) (Year)

Immediate cause of death Chronic Salivary Gland  
Due to Decompensation general  
Due to edema

8. AGE: Years 72 Months 7 Days 2  
If less than one day hr. min.  
9. Birthplace Barry Co. Missouri  
(City, town or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 92d  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife -  
11. Industry or business  
12. Name John W. Ferguson  
13. Birthplace Var.  
14. Maiden name Nancy Hamilton  
15. Birthplace No Record.  
(City, town, or county) (State or foreign country)

16. (a) Informant Alonzo Kay  
(b) Address Rt #1 Box 521 Joplin, Mo  
17. (a) Burial (b) Date thereof 11/10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Rest Cem  
18. (a) Signature of informant Frank Hill - Dillon Mortuary  
(b) Address Joplin, Mo  
19. (a) 1100 1/2 13th (b) Mrs. Lillie Lagle  
(Date received in Registrar) (Registrar's signature)

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 J. E. Myers MD  
Address 706 1/2 10th Joplin Mo date signed 11-19-43  
(Specify type of place) (M. D. or other)

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

43-11-994

**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..... *David Nelson* .....

Licensed Embalmer No. 3898 .....

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.**