

3. No. 2
M-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3830

State File No. _____

Registrar's No. 634

Registration District No. 156

Primary Registration District No. 2001

19
3
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

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

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community 6 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 3
(If outside city or town limits, write "RURAL")

(d) Street No. 223 N. Gray 5
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Marie Donna ~~Gooden~~

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1945 hour 5:15 minute 9 A.M.

21. I hereby certify that I attended the deceased from 11-10-43 to 11-13-43
that I last saw her alive on 11-13-43
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 CONNIE 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Jan 3 1919
(Month) (Day) (Year)

Immediate cause of death Coronary Vasculature Duration _____
collopy

Due to ruptured Ectopic Pregnancy

Due to Excursion team

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

26 10 11 hr. _____ min.

9. Birthplace Hodgen Ark.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business Eagle Packer Smelters

12. Name L. C. Burk

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

14. Maiden name Gertrude Smith

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

16. (a) Informant L. C. Burk

(b) Address 717 Jasper Joplin, Mo

17. (a) Burial (b) Date thereof 11/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Mem.

18. (a) Signature of funeral director Thomhill-Pellon

(b) Address Joplin Mo

19. (a) 11-15-43 (b) Victor Sudhalter
(Date received local 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? _____

While at work? (Specify type of place) _____

(c) Means of injury _____

23. Signature Ed Jones (M. D. or other) _____

Address Joplin, Mo Date signed 11-15-43

43-11-984

FEB 7 1946

APR 24 1946

APR 25 1946

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 Thornhill

Licensed Embalmer No. 30-90

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.