

S. No. 2
M-2-43
5-17-39
X3589

3827

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **637**

LED DEC 10 1943

Registration District No. _____ Primary Registration District No. _____

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

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week**
In this community **20 years**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **333 N. Schifferdecker Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lois Mae Sprague**

3. (b) If veteran, name war **no** 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, **2 divorced, widowed**

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

7. Birth date of deceased **February 9, 1905**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 9 8 hr. _____ min.

9. Birthplace **Goodman Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **grocery store operator**

11. Industry or business _____

MOTHER FATHER { 12. Name **Charles Nance**

13. Birthplace **McDonald county, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Arnold**

15. Birthplace **New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Nance**

(b) Address **Joplin, Missouri**

17. (a) **burial** (b) Date thereof **11/19/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **McElheney, Missouri**

18. (a) Signature of funeral director **Parker-Hunsaker**

(b) Address **Joplin, Missouri**

19. (a) **11-18-43** (b) **John S. Suddhalter**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November**, day **17**
year **1943** hour **12** minute **45** M.

21. I hereby certify that I attended the deceased from **Nov 4** to **Nov 17** 19**43**
that I last saw him alive on **Nov 17** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Rheumatic Heart Disease**

Due to _____

Due to _____

Other conditions **958**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **W. C. Coover** (M. D. or other) _____
Address **Joplin** Date signed **11-17-43**

43-11-987

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..... *A. M. Jones*

Licensed Embalmer No. *2319*

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.