

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42593

State File No.

Registration District No. 157

Primary Registration District No. 2001

Registrar's No. 690

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 22 days
(Specify whether
In this community 43 years
years, months or days)

3. (a) PRINT FULL NAME Margaret Elizabeth Ade

3. (b) If veteran, name war none 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles W. Ade 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased August 15, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 4 3 hr. min.

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

10. Usual occupation

11. Industry or business owner of gift shop
12. Name George Huber

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

14. Maiden name Margaret Smith
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Ade
(b) Address 525 N. Joplin, Joplin, Mo.

17. (a) burial (b) Date thereof 12/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial
PARKER-HUNSAKER

18. (a) Signature of funeral director
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 12-18-43 (b) Justin S. Sudhalter
(Date received local registrar) (Registrar's signature)

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. 525 N. Joplin
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1943 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from 14 Dec 43 to 18 Dec 43
that I last saw the alive on 18 Dec 43
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

hypertension 17yr
myocarditis 17yr

Due to hypertension 17yr

Due to myocarditis 17yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

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: no

(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?

(Specify type of place) (Specify type of injury)

23. Signature Justin S. Sudhalter (M. D. or other)

Date signed 12/18/43

43-12-1076

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 F. M. Jones

Licensed Embalmer No. 2318

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.