No. 2
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17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42607

FILED JAN 14 1944

Registration District No. 138 Primary Registration District No. 2001 Registrar's No. 700

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: 2111 Kentucky Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether in this community 40 years years, months or days)

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. 2111 Kentucky Avenue (If rural, give location)

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

If yes, name country

49 2 5

3. (a) PRINT FULL NAME Mary Elizabeth Burroughs

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, 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 29, 1872 (Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 25 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name James G. Thornton
13. Birthplace Louisville Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name C. Ellen Cash
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Miss Nellie Thornton

(b) Address 2111 Kentucky, Joplin, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 12-29-43 (Date received local registrar) (b) Gertrude Dudhoffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24 year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 1943 to Dec. 24 1943 that I last saw her alive on Dec. 18" 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Metastasis within (about 2 yrs.) chest

Due to Cancer of breast (Radicae Separation Nov. 1933)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

50

Duration: 2 yrs. 10 yrs.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Robt. L. Neff (M.D. or other) M.D.

Address Joplin Mo. Date signed 12/29/43

1224

(Licensed Embalmer's Statement on Reverse Side)

43-12-1085

JUN 3 1948

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. 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.