

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42649

FILED JAN 3 1944

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 662

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution:
1519 Joplin Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) _____ (Specify whether

In this community 6 years

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. 1519 Joplin Street (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mable Kraft

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 23, 1914
(Month) (Day) (Year)

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

29 5 9 _____ hr. _____ min.

9. Birthplace Arkadelphia Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation waitress

11. Industry or business restaurant

12. Name Rev. E. H. Acuff

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

14. Maiden name Nettie Johnson

15. Birthplace Wheeling Springs, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. E. H. Acuff

(b) Address Columbus Arkansas

17. (a) removal (b) Date thereof 12/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hackett, Arkansas

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

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 12-5-43 (b) Gettysburg
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1943 hour 9.30 minute 4 M.

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

Immediate cause of death: gun shot wounds through the chest from near

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 166

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) homicide

(b) Date of occurrence Dec. 2, 43

(c) Where did injury occur? Joplin Mo
(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 M.A. Helsterg (M.D. or other) Coroner

Address Carthage Mo Date of issue Dec. 2 43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

120

(Licensed Embalmer's Statement on Reverse Side)

43-12-1009

S-42648

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.