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**FILED FEB 11 1944**

Registration District No. **206**

Primary Registration District No. **2001**

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 **3 weeks**  
In this community **4 years**  
(Specify whether 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. **806 Porter Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**Charlene Hefner**

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 **single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **December 4, 1935**  
(Month) (Day) (Year)

8. AGE: Years **8** Months **1** Days **14** If less than one day hr. min.

9. Birthplace **Ada Oklahoma**  
(City, town, or county) (State or foreign country)

10. Usual occupation **school girl**

11. Industry or business

MOTHER FATHER

12. Name **Charles A. Hefner**  
13. Birthplace **Albertville Alabama**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Floessie Howard**  
15. Birthplace **Lawrence Oklahoma**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles A. Hefner**  
(b) Address **806 Porter, Joplin, Mo.**

17. (a) **burial** (b) Date thereof **1/20/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark Memorial Park**

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

(b) Address **1502 Joplin, Joplin, Mo.**

19. (a) **1-19-44** (b) **Gutsmuth**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **18**  
year **1944** hour **11** minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from **Jan 18 44** to **Jan 18 44**  
that I last saw him alive on **Jan 18 44**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to **meningococci meningitis**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **A. K. Crawford** (M. D. or other) \_\_\_\_\_  
Address **Joplin Mo.** Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

44-52

103

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**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.**