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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3192**

FILED FEB 11 1945

Primary Registration District No. **2001**

Registrar's No. **47**

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 **4 weeks** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **32**

(c) City or town **Maysville** (If outside city or town limits, write "RURAL") **U**

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Alda Henry**

3. (b) If veteran, name war \_\_\_\_\_

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 **December 12, 1872**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **1** Days **5** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Milton Jones**

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

14. Maiden name **Emma Barnett**

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

16. (a) Informant **Mrs. Harry Weber**

(b) Address **2733 E. 12th, Joplin, Mo.**

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

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

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **17** year **1944** hour **12** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 1** 19 **44** to **Jan 17** 19 **44** and that death occurred on the date and hour stated above.

Immediate cause of death **Franchial Pneumonia** Duration **1 Day**

Due to **severe attack of asthma (Bronchial)** **17 Days**

Other conditions **Hemiplegia** **7 Days**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy **83d**

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 **Ernest Mitchell** (M. D. or other) **M. D.**  
Address **Joplin Mo** Date signed **1-19-44**

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

M. J. Gutierrez

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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.