

FILED MAR 13 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 121

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: Joplin General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether
In this community 56 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. 1805 Michigan Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Anna V. Stauffer

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife A. J. Stauffer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 13, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 0 13 hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William L. Stauffer
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Pennemann
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant A. J. Stauffer
(b) Address 1805 Michigan, Joplin, Mo.

17. (a) burial (b) Date thereof 2/28/44
(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) 2-28-44 (b) Gertrude Sudhalter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26
year 1944 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 11, 1944, to Feb. 26, 1944, that I last saw him alive on Feb. 26, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Heart & Respiratory failure
Due to: Carcinoma uterus
Due to: _____
Other conditions (Includes pregnancy within 3 months of death): H&P

Major findings: Carcinoma uterus
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 fall
23. Signature W. E. Heinlein (M. D. or other) OO
Address S 21-10-4 Joplin Date signed 2-27-44

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

44-2-184

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.