S. No. 2
OM—2-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1944

Registration District No. 3

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6225

8589

State File No.

Registrar's No. 42

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Rural Washington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yr 10 mo (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jasper
(c) City or town: Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 416½ Main St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: LILLIAN EMMETT
3. (b) If veteran, name war: No
3. (c) Social Security No.: 5
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: No
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec. (Month) 20 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
65	10	4	hr. min.

9. Birthplace: Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation: W.P.A. Worker
11. Industry or business: W.P.A. Worker
MOTHER FATHER
12. Name: C. E. Emmett
13. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)
14. Maiden name: Leona Veale
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Clara Myers
(b) Address: Joplin Mo R 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Hornet, Missouri
18. (a) Signature of funeral director: PARKER-HUNSAKER MORTUARY
(b) Address: 1502 Joplin, Joplin, Mo.
19. (a) 2-25-44 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24 year 1944 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from April 20-1940, 19..., to 2-24-44, 19...; that I last saw he alive on 2-24-44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular Heart disease, mitral regurgitation — Duration: Unknown
Due to: GZP
Due to:
Other conditions (Include pregnancy within 3 months of death): Hemorrhoids, prolapsed — 3 yrs 10 mo
Major findings: Of operations: None
Of autopsy: None

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): No
(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: 0
23. Signature: Frank M. Rogers (M. D. or other)
Address: State Hospt #3 Date signed: 2-24-44

1381

(Licensed Embalmer's Statement on Reverse Side)

114 ½ W Walnut

Officer No. 7
2-44-258
3-8-44

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 Steve Parker

Licensed Embalmer No. 2548

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.