

No. 2
-5-42
1-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11211**

FILED MAR 26 1944

Registration District No. **2001**

Primary Registration District No. **2001**

Registrar's No. **137**

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:
2225 Harlem St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **59 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. **2225 Harlem St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

3. (a) PRINT FULL NAME **Ellen Jane Carman**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Fem.** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **widow**
6. (b) Name of husband or wife **J. E. Carman;** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Mar 25, 1866**
(Month) (Day) (Year)

8. AGE: Years **77** Months **11** Days **8** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Jacob Youngblood**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **No Record**
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lenora Leckie**

(b) Address **23715 Ky Ave; Joplin Mo;**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-7-44**
(Month) (Day) (Year)

(c) Place: burial or cremation **FAIRVIEW CEM.**

18. (a) Signature of funeral director **Hurlbut Vnd. Co;**
(b) Address **Joplin Mo;**

19. (a) **3-7-44** (Date received local registrar) (b) **Arthur S. Schaeffer** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar**, **5** day **1944**
year..... hour **1-15 A.M** minute..... M.

21. I hereby certify that I attended the deceased from **Feb 5 - 44**
44, 19..... to **Mar 3**, 19.....
that I last saw him alive on **Mar 3 - 44**, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio Renal disease with Nitral Regurg.**

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) **131a**

Major findings: Of operations.....
Of autopsy.....

Duration

6 yrs?

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?

(Specify type of place) While at work? (e) Means of injury.....

23. Signature **A. L. Crawford** (M. D. or other) Address **Joplin** Date signed.....

3-7-44

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

443-241

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.....

Perry K. Zuelke

Licensed Embalmer No.....

959

P. O. Address.....

Gaylin 4400

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.