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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11214**

**FILED MAR 27 1944**

Registration District No. **256**

Primary Registration District No. **2001**

Registrar's No. **142**

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:  
**Freeman Hosp;**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 2 days;**  
(Specify whether  
In this community **82 years**  
years, months or days)

3. (a) PRINT FULL NAME **Rachael Coble**

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.A. Coble** 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **June 21, 1861.**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **8** Days **16** If less than one day hr. min.

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

10. Usual occupation **retired housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Jacob Sullinger**  
13. Birthplace **no record** 9  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth**  
15. Birthplace **No record** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **A. H. Wyder**  
(b) Address **1521 Byers Ave, Joplin Mo;**  
17. (a) **Burial** (b) Date thereof **3-10-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Peace Cem.**

18. (a) Signature of funeral director **Hurlbut Und. Co;**  
(b) Address **Joplin Mo;**  
19. (a) **3-9-44** (b) **Gutubek Sushak**  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**  
(c) City or town **1521 Byers Ave;** **2**  
(If outside city or town limits, write "RURAL") **5**  
(d) Street No. **Joplin**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **No** **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.**, day **8,** 19**44.**  
year **8-10 P.M.** hour **minute** M.

21. I hereby certify that I attended the deceased from **March 6, 1944 to March 8, 1944**  
that I last saw her alive on **March 8, 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** **2 days**  
Duration

Due to **Fracture neck right femur impacted**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **199**  
(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? (a) Means of injury  
Signature **A. H. Wyder** (b) Address **Joplin Mo**  
Address

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

44-3-245

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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.....

*Wm. T. Furber*

Licensed Embalmer No.....

*959*

P. O. Address.....

*Spencer New*

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR

Registration District No. 156 Primary Registration District No. 2001 State File No. \_\_\_\_\_ Registrar's No. 142

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:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Rachael Cable

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 2, 1908  
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 3 If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo.

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day \_\_\_\_\_ year 44 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ after on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Duration \_\_\_\_\_  
Immediate cause of death Lobar pneumonia

Due to fracture neck right femur fractured  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

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

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

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) Heart attack

(b) Date of occurrence March 26 - 1944

(c) Where death occurred \_\_\_\_\_ (City or town) (County) (State)

(If the injury occurred in or about a factory, mine, or industrial establishment, specify the nature of the injury.)

(Specify type of force) \_\_\_\_\_

23. Signature eye M. J. ... (M.D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

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

11214