No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1944

Registration District No. 126

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 11236

Registrar's No. 157.

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 Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 19 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 2

(c) City or town Joplin (If outside city or town limits, write "RURAL") 5

(d) Street No. 320 Wall Avenue (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Anna B. Hitz

3. (b) If veteran, name war none

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 Chris Hitz

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 31, 1883 (Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Lamar (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Sullivan
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Chris Hitz

(b) Address 320 Wall, Joplin, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/21/44 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

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

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 3-21-44 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1944 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Mar 13-44, 19 to Mar 18, 1944 that I last saw her alive on Mar 18, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure — Duration 3 hrs

Due to Chronic Myocarditis (CKG) — 5 yrs.

Due to General carcinomatosis from carcinoma of left Knot know

Other conditions Ovary (Include pregnancy within 3 months of death) 49a

Major findings: Of operations General carcinomatosis arising from left ovary

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)

(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 [signature] (M. D. or other)

Address Joplin Mo Date signed 3-25-44

(Licensed Embalmer's Statement on Reverse Side)

44-3-264

OCT 30 1956

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 T. 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.