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14868

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 26 1944

Registration District No. 150

Primary Registration District No. 2001

Registrar's No. 188

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days) 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 905 1/2 Pearl Avenue
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth M. Buley

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 widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased August 5, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>5</u>	hr. min.

9. Birthplace Dodge county Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name John Rausch

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

14. Maiden name Catherine Peters

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

16. (a) Informant Miss Edna Buley

(b) Address 905 1/2 Pearl, Joplin, Missouri

17. (a) burial (b) Date thereof 4/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City, Missouri

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

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 4-11-44 (b) Justus Sudhalla
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from april
1944, to April 7 1944
that I last saw her alive on april 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:
Cardiac renal disease with hypertensive

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)
13/a

Major findings:
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 _____

23. Signature A. L. Crawford (M. D. or other) _____
Address Joplin, Mo. Date signed 4-11-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1204

44-4326

MAY 9 1944

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 with the above constitutes grounds for revocation of license.)

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