

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18304  
Registrar's No. 271

FILED JUN 12 1944  
Registration District No. 2061

Primary Registration District No. 2061

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:  
743 Florida Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 years (Specify whether years, months or days)  
In this community 16 years

3. (a) PRINT FULL NAME Lucinda Jane Abbott

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 March 9, 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>14</u>	____ hr. ____ min.

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

10. Usual occupation housewife

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

MOTHER FATHER { 12. Name John Tindle  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret F. Wright  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. May E. Jewett  
(b) Address 743 Florida, Joplin, Missouri  
17. (a) burial (b) Date thereof May 25, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairplay, Missouri

18. (a) Signature of funeral director PARKER-HUNSAKER  
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 5-23-44 (b) Gutierrez  
(Date received local registrar) (Registrar's signature)

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. 743 Florida Avenue (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
year 1944 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from for past 10 years to May 23, 1944  
that I last saw her alive on May 23, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
Due to Arthritis & Sclerosis  
Sclerosis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) g3e2

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) Means of injury \_\_\_\_\_  
23. Signature Th. L. Leland (M. D. or other)  
Address Joplin Mo Date signed 5/23/44

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

92

Dr. Leland

1204

44-5-432

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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 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.**