No. 2
-5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18320

Registration District No. 756 Primary Registration District No. 2001 Registrar's No. 280

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: St. Johns Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether In this community 45 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. 315 Comingo (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lulu D. Gregory Carl

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex fem

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 Nov (Month) 7, (Day) 1869 (Year)

8. AGE: Years 74 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Frederick Town (City, town, or county) Mo. (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business

FATHER
12. Name Felix Blumer
13. Birthplace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Louise DeSanton
15. Birthplace (City, town, or county) France (State or foreign country)

16. (a) Informant Glen Gregory

(b) Address 309 Comingo Joplin Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-2, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Lowell Kansas

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin St. Joplin Mo

19. (a) 5-31-44 (Date received local registrar) (b) Gertrude Sredhoeter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1944 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 27, 1944, to May 30, 1944 that I last saw her alive on May 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93el

Major findings:
Of operations

Of autopsy

Duration

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 Mo Date signed 5-31-44

12.4

(Licensed Embalmer's Statement on Reverse Side)

44-5-440

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.