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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 28 1944**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **21751**  
Registrar's No. **291**

Registration District No. **154**

Primary Registration District No. **2001**

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:  
**1304 Hill**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **43 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jasper** **49**  
(c) City or town **Joplin** **2**  
(If outside city or town limits, write "RURAL") **5**  
(d) Street No. **1304 Hill**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Clara J. Ferch**  
3. (b) If veteran, name war  
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **7**  
year **1944** hour **2:30 A.** M. minute **M.**  
21. I hereby certify that I attended the deceased from  
19... to 19...  
that I last saw him alive on 19...  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Fred F. Ferch** 6. (c) Age of husband or wife if alive **75** years  
7. Birth date of deceased **March 1, 1875**  
(Month) (Day) (Year)

Immediate cause of death **Natural causes**  
Duration **✓**

8. AGE: Years **69** Months **3** Days **75** If less than one day hr. min.

Due to **no evidence of violence**  
**Body viewed at 2:45 at Hurlbut's mortuary**  
Due to **Joplin Missouri**

9. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **✓**  
Of autopsy **✓**

11. Industry or business

12. Name **William Bush**

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

14. Maiden name **Mary Rupert**

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

16. (a) Informant **Fred F. Ferch**

(b) Address **1304 Hill, Joplin, Mo.**

17. (a) **Exposure** (b) Date thereof **6-10-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chetopa, Kans. Pleasant, Valleys Cem.**

18. (a) Signature of funeral director **Hurlbut Und. Co.**

(b) Address **Joplin, Missouri**

19. (a) **6-8-44** (b) **Arthur S. Hurlbut**  
(Date received local registrar) (Registrar's signature)

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 **6-7-44, 2:30 A.M.**  
(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 **J. H. Mole, Jr. Deputy Coroner**  
**Arthur S. Hurlbut** (M.D. or other)  
Address **Joplin, Mo.** Date signed **6-7-44**

1204

2:45 P.M.

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

9  
5-2

44-5-485

1065

121

JUL 6 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.....

*Richard Gray Lewis*, Registered Apprentice No. *365*  
working under my personal supervision.

Signed *Ferry H. Huelsh*

Licensed Embalmer No. *959*

P. O. Address *Opalus Meo*

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

State File No. July  
Registrar's No. 291

Registration District No. 156

Primary Registration District No. 2001

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

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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Clara J. Ferch

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

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

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

7. Birth date of deceased mar (Month) Day (Day) Year (Year)

8. AGE: Years 69 Months 2 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

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

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

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

MOTHER FATHER

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) (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 July day \_\_\_\_\_ year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

Duration \_\_\_\_\_

Due to heart ailment

Due to 2:00 a

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

PHYSICIAN

Major findings: There was none

Of operations \_\_\_\_\_

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. H. Wote deputy coroner (M. B. or other) \_\_\_\_\_  
Address 1012 So. Harrison Colfax Date signed 7-10-44

SUPPLEMENTARY

21751