V. S. No. 2
100M—5-43
Rev. 5-17-39
Form I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21752

FILED JUL 13 1944

Registration District No. 136 Primary Registration District No. 2001 Registrar's No. 316

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

(d) Length of stay: In hospital or institution 18 Days (Specify whether

In this community All Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Misssouri (b) County Jasper 49

(c) City or town Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No. 812 East 7th Street (If rural, give location) 5

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

If yes, name country None 0

3. (a) PRINT FULL NAME Mildred Edith Ford

3. (b) If veteran, name war

3. (c) Social Security No. 491-01-2998

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Milton

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased July 31st (Month) (Day) 1909 (Year)

8. AGE: Years 34 Months 10 Days 28 If less than one day hr. min.

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

10. Usual occupation Sales Lady

11. Industry or business Department Store

FATHER
12. Name M. C. Haase
13. Birthplace St Paul Minn (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Nell Pinson
15. Birthplace Cuba (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Max Haase

(b) Address Joplin, Mo 723 Ind Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Thornhill-Dillon Mortuary

(b) Address Joplin, Missouri

19. (a) 6-29-44 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1944 hour 1126 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on 6/27/44 , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular collapse with paralytic illius

Due to Broncho pneumonia, shock, post operative hystroectomy

Due to secondary anemia, fibroid uterus.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Fibroid uterus

Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

56

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 E Ernest Johnson Jr M.D. (M. D. or other)

Address 617 Friess Date signed 6/29/44

1204

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. [redacted] Johnson.

44-6-523

JUL 25 [illegible]

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 Cecil A Harnhill

Licensed Embalmer No. 3590

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.