

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24905

State File No. _____

FILED JUL 26 1944

Registrar's No. 336

Registration District No. 196

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:
Mrs. Plunketts Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether weeks, months or days)

In this community 60 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henryetta Fricke

3. (b) If veteran, name war _____

3. (c) Social Security No. No

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 October 6, 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 2
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Enos Hostetter

13. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Talifarro

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

16. (a) Informant Linn Bontam

(b) Address 2017 Wall, Joplin, Missouri

17. (a) Burial (b) Date thereof 7-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

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

(b) Address Joplin, Missouri

19. (a) 7-10-44 (b) J. G. Sushor (Date received local registrar) (Registrar's signature)

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. 2111 Sargeant
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1944 hour 8:15 A. M. minute _____ M. _____

21. I hereby certify that I attended the deceased from January 17, 1944, to July 8, 1944.
that I last saw him alive on June 28, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death: General Arterio Sclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature R. S. Sutherland (M. D. or other) _____
Address Joplin Mo Date signed 7/10/44

44-6-579

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. 260
working under my personal supervision.

Signed Ray K. Hubbard

Licensed Embalmer No. 959

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.