

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24932

FILED AUG 14 1944

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 363

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:
2111 Sergeant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks
(Specify whether
In this community 42 yrs
years, months or days)

3. (a) PRINT FULL NAME Ann M. Reading

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 March 30th 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>3</u>	<u>22</u>	_____ hr. _____ min.

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

10. Usual occupation housekeeper

11. Industry or business _____

MOTHER FATHER

12. Name Richard Hart
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Gertude Walker
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Gartley

(b) Address 2228 Tappan St. Joplin Mo

17. (a) burial (b) Date thereof 7-25 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Jct. Cemetary

18. (a) Signature of funeral director Roney Funeral Service

(b) Address Carl Jct. Mo.

19. (a) 7-29-44 (b) Quitark Leuchter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carl Jct. 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1944 hour 5 minute P M.

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

Immediate cause of death Cerebral Hemorrhage

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)
(c) Means of injury _____
23. Signature E. C. Coals (M. D. or other)
Address Joplin Mo Date signed 7-27-44

1204

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

49
512

44-2-684

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.