

S. No. 2
DM-5-43
v. 17-33
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28382**
Registrar's No. **486**

FILED SEP 9 1944

Registration District No. **156** Primary Registration District No. **2.001**

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

1. PLACE OF DEATH

(a) County **Newton**

(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
41st St & Missouri Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify, whether years, months or days) **lifetime**

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**

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

(d) Street No. **41st St & Missouri**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ina Vivian Beasley**

3. (b) If veteran, _____ **(c) Social Security** _____
name war _____ No. _____

4. Sex **#** **5. Color or race** **W**

6. (a) Single, widowed, married, divorced **W** **0**

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
alive _____ years

7. Birth date of deceased **Jan 9 1902**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	7	8	_____ hr. _____ min.

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

10. Usual occupation **at Home**

11. Industry or business **house work**

12. Name **Arnold Beasley**

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

14. Maiden name **Flarence Caryell**

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

16. (a) Informant **Arnold Beasley**

(b) Address **41st St & Missouri**

17. (a) Burial **(b) Date thereof** **Aug 19 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osborne Memorial**

18. (a) Signature of funeral director **Thorn Hill Dillon**

(b) Address **4th & Wall Joplin**

19. (a) 8-18-44 **(b) Justine Schubert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **17th**
year **1944** hour **8:20** minute **a** M.

21. I hereby certify that I attended the deceased from **Aug 9**, 19**44** to **Aug 17**, 19**44**
that I last saw her alive on **Aug 16**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Meningitis (not cerebro spinal)**

Due to **spinal**

Duration **10 days**

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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) **Means of injury** _____

23. Signature **W. K. Lovland** (M. D. or other) _____

Address **Joplin Mo** **Date signed** **8/18/44**

MOTHER FATHER

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

1221 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 6 1944

District Health Officer No. _____
District File Number 844-179
Date Filed SEP 6 1944

SEP 22 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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

David Dillon

Licensed Embalmer No. 3898

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.