S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1944

Registration District No. 126

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 31135

Registrar's No. 428

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:
604 Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence '55

(c) City or town Aurora 1
(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 1

3. (a) PRINT FULL NAME Della May Hood

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased August 29, 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name George Rhine
13. Birthplace (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Frances Galyon
15. Birthplace (City, town, or county) Indiana (State or foreign country) 1

16. (a) Informant Mrs. Nellie Tucker
(b) Address 604 Broadway, Joplin, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/4/44 (Month) (Day) (Year)
(c) Place: burial or cremation Aurora, Missouri

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 9-4-44 (Date received local registrar) (b) Gertrude Shelhorter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 2
year 1944 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 8/17, 1944 to 8/29, 1944
that I last saw her alive on 8/29, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Chr Valvular Heart Disease + Senility	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

23. Signature R. M. James (M. D. or other)
Address Joplin Mo Date signed 9/7/44

1204 (Licensed Embalmer's Statement on Reverse Side)

44-9-729

SEP 18 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 F. M. Jones

Licensed Embalmer No. 2519

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.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Oct

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 428

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 years, months or days)

In this community

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

3. (a) PRINT FULL NAME Della May Hood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 29 1874 (Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1944 hour minute M.

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

Immediate cause of death Uremia

Due to Chr Valvular Heart disease & Senility

Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R M Jones (M. D. or other)

Address Joplin Mo Date signed 10/6-44

SUPPLEMENTARY

1316

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

31135