

S. No. 2
DM-2-43
v. 5-17-39
-1 X35697

31144

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 157

Primary Registration District No. 2001

Registrar's No. 452

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:
2513 Empire Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether _____)

In this community 50 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 1327 Grand Avenue 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ (1)

3. (a) PRINT FULL NAME Lavina Lamb

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1944 hour 4 minute P. M.

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 December 2, 1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 15, 1944 to September 18, 1944.
that I last saw her alive on September 15th, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

93 9 16 hr. _____ min.

Immediate cause of death Arteriosclerosis

Due to old age

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

10. Usual occupation housewife

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER {

11. Industry or business _____

12. Name not known

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Austin Harvey

(b) Address 1327 Grand, Joplin, Mo.

17. (a) burial (b) Date thereof 9/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 9-20-44 (b) Gertie D. Sudduth
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature A. J. H. Chestnut (M. D. or other)
Address Joplin Mo. Date signed 9/29/44

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

5189

120

(Licensed Embalmer's Statement on Reverse Side)

44-10-798

1002

564

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.