

S. No. 2  
M-8-13  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31145

State File No. ....

FILED OCT 13 1944

Registrar's No. 457

Registration District No. 2001

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  
(c) Name of hospital or institution:  
316 E. Fifth Street  
(d) Length of stay: In hospital or institution 50 years  
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper 49  
(c) City or town Joplin 2  
(d) Street No. 316 E. Fifth Street 5  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Lula Viola Laws  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 19  
year 1944 hour 4 minute 30 A. M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife  
7. Birth date of deceased March 2, 1882

21. I hereby certify that I attended the deceased from Sept 19, 1944, to Sept 18, 1944;  
that I last saw her alive on Sept 18, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 6 Days 17 If less than one day hr. min.

Immediate cause of death Myocarditis  
Duration 2 wks.

9. Birthplace Lathrop Missouri  
10. Usual occupation housewife

Due to  
Due to  
Other conditions  
Major findings: Of operations  
Of autopsy

MOTHER FATHER  
11. Industry or business  
12. Name French Strother  
13. Birthplace Va  
14. Maiden name Emma Elliott  
15. Birthplace Mo.

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

16. (a) Informant Mrs. Ethel Cannon  
(b) Address 316 E. 5th, Joplin, Mo.  
17. (a) burial (b) Date thereof 9/23/44  
(c) Place: burial or cremation Ozark Memorial Park

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director PARKER-HUNSAKER  
(b) Address 1502 Joplin, Mo.  
19. (a) 9-23-44 (b) (Registrar's signature)

While at work? (Specify type of place)  
(e) Means of injury  
23. Signature Guy J. Murdick (M. D. or other)  
Address 401 Union Blvd Joplin Date signed 9-20-44

204 (Licensed Embalmer's Statement on Reverse Side)

44-10-803

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.