

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34469  
Registrar's No. 25

FILED NOV 13 1944

Registration District No. 135

Primary Registration District No. 5579

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Missouri

(c) Name of hospital or institution: Jasper Co TB Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2 months  
(Specify whether)

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. 288 East 12th Street 5  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_ 1

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Grace Mar Lang

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex FI

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased June 29 1903  
(Month) (Day) (Year)

8. AGE: Years 41 Months 3 Days 11  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Barber

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Malcolm Scott

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

14. Maiden name Ora Holmes

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

16. (a) Informant Records

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 10/10/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prague, Okla

18. (a) Signature of funeral director Thornhill-Dillon Mortuary  
(b) Address Joplin, Missouri

19. (a) Oct. 10 1944 (b) Mrs. Filled Sage  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8  
year 1944 hour 7 minute 30p M.

21. I hereby certify that I attended the deceased from Aug 5 19 44 to Oct 8 19 44  
that I last saw her alive on Oct 8 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
1381

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)

(e) Means of injury \_\_\_\_\_

23. Signature Jesse E. Dandrea (M. D. \_\_\_\_\_)  
Address Brick City Mo Date signed 10/9/44

1180

(Licensed Embalmer's Statement on Reverse Side)

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

900

44-11-878

---

---

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.....

*Paula Thornhill*

Licensed Embalmer No.....

*3590*

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.**