

FILED OCT 27 1944

Registration District No. 156

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

34504

State File No. _____

Registrar's No. 488

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:
Sixth and St Charles
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 40 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. Sixth and St. Charles
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Catherine Todd

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex f

5. Color or race W

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

(b) Name of husband or wife Wm. H.

(c) Age of husband or wife if alive dead years

7. Birth date of deceased August 1, 1861

(Month) (Day) (Year)

(Month) (Day) (Year)

(Year)

8. AGE:

Years 83

Months 2

Days 3

If less than one day

hr. _____ min.

9. Birthplace Knoxville

(City, town, or county)

Tenn

(State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name John McElhany

13. Birthplace Tenn

(City, town, or county)

(State or foreign country)

14. Maiden name Dont know

15. Birthplace Dont know

(City, town, or county)

(State or foreign country)

16. (a) Informant Mrs. George Rice

(b) Address 602 St. Charles, Joplin, Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 10/6/44

(Month) (Day) (Year)

(c) Place: burial or cremation Sarcxie Cemetery

18. (a) Signature of funeral director Roland Engelage

(b) Address Sarcxie, Missouri

19. (a) 10-6-44

(Date received local registrar)

(b) Ernest Mitchell

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
 year 1944 hour 9 minute 30 - A.M.

21. I hereby certify that I attended the deceased from Oct 4-44
 _____, 19____ to Oct 4, 1944

that I last saw her ex alive on Oct 4, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death

Acute cystitis

Duration

2 days

Due to _____

Due to _____

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? _____

(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature Ernest Mitchell (M. D. or other) 340

Address Joplin, Mo Date signed 10-6-44

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

44-10-838

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.....

working under my personal supervision.

Registered Apprentice No.

Signed Geo. A. Orr

Licensed Embalmer No. 946

P. O. Address 244 + Vernon

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.