

S. No. 2
M-9-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38036

State File No.

FILED NOV 28 1944
Registration District No. 126

Primary Registration District No. 2001

Registrar's No. 525

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:
1504 Indiana Avenue
(d) Length of stay: In hospital or institution 42 years
In this community 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 1504 Indiana Avenue
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME (Thelma) Alma Elizabeth Johnson

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November 1
year 1944 hour 9 minute P.M.

3. (b) If veteran, name war 3. (c) Social Security No.

21. I hereby certify that I attended the deceased from Oct. 26, 1944 to Nov. 1, 1944; that I last saw him alive on Oct 26, 1944 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Vernie Johnson 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 7, 1902

Immediate cause of death Gastric Hemorrhage
Duration 2 days

8. AGE:	Years	Months	Days	If less than one day
	42	2	25	hr. min.

Due to Cancer of Stomach and Intestines with Metastasis to liver. 5 or 6 yr.

9. Birthplace Joplin Missouri

Other conditions Chron. Nephritis and Arterial Hypertension
3 yrs.

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER {
12. Name William Long
13. Birthplace Neodasha Kansas
14. Maiden name Minnie Fickle
15. Birthplace Holden Missouri

PHYSICIAN
Major findings: Of operations: Of autopsy: H6b
Underline the cause to which death should be charged statistically.

16. (a) Informant Vernie Johnson

22. If death was due to external causes, fill in the following:

(b) Address 1504 Indiana, Joplin, Missouri
17. (a) burial (b) Date thereof 11/3/44

(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?

(c) Place: burial or cremation Fairview Cemetery

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

(Specify type of place) While at work (c) Means of injury 2

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 11-3-44 (b) Registrar's signature

23. Signature Date signed 11-2-44
Address Joplin, Missouri

1204

(Licensed Embalmer's Statement on Reverse Side)

44-11-930

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.