

S. No. 2  
A-9-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 11 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

38046

State File No. \_\_\_\_\_

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 569

**1. PLACE OF DEATH:**  
 (a) County Jasper  
 (b) City or town Route 3 Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Galena Township  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 70 years (Specify whether years, months or days)  
 In this community: \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin Route 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Lone Elm Road  
(If rural give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country: \_\_\_\_\_

**3. (a) PRINT FULL NAME** Emma Meade  
 3. (b) If veteran, name war: no  
 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Rev O. S. Meade 6. (c) Age of husband or wife if alive 77 years  
 7. Birth date of deceased: October 8 1861  
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name John Lewis  
 13. Birthplace No Record  
 14. Maiden name Sybil Hines  
 15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. Presley  
 (b) Address Joplin Route 3

17. (a) Burial (b) Date thereof 12-1-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Fairview Cem. Hurlbut Und Co.

18. (a) Signature of funeral director Joplin, Mo.  
 (b) Address \_\_\_\_\_

19. (a) 11-27-44 (b) Arthur S. Schaller  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Nov day 27 year 1944 hour 7 minute 45 A. M.  
 21. I hereby certify that I attended the deceased from Nov 23, 1944, to Nov 26, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Vasc. Disease & Pulmal Regurg.  
 Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury: \_\_\_\_\_  
 23. Signature A. L. Crawford (M. D. or other) \_\_\_\_\_  
 Address Joplin Mo Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

Handy over.

92 B

120

11-27-44

44-12-973

**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: *Perry K. Hurlbut*

Licensed Embalmer No. 959

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.**