

S. No. 2
 OM--2-43
 v. 5-17-39
 I X35897

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

2518

FILED JAN 24 1945

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 5

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:
 Nursing Home - 1809 Grand
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 1 Day (Specify whether
 In this community years, months or days) 4

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Lawrence 55
 (c) City or town Pierce City 4
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. Rural
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Addie Conley
 3. (b) If veteran, name war
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1 day 1
 year 1945 hour 4 minute A M.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Deceased
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Nov. 21 1884
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-1-45 to 1-1-45
 that I last saw her alive on 1-5-45 and that death occurred on the date and hour stated above. 1945
 Immediate cause of death: hemorrhage from stomach with dates burial card

8. AGE: Years 60 Months 1 Days 10 If less than one day hr. min.

Due to Cancer of Stomach
 Due to Breast removed several years ago - metastasis

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

10. Usual occupation Housewife

Other conditions: (Include pregnancy within 3 months of death)
 Major findings: Of operations 46
 Of autopsy

11. Industry or business

MOTHER FATHER
 12. Name James Campbell
 13. Birthplace Indiana (City, town, or county) (State or foreign country)
 14. Maiden name Catherine Campbell
 15. Birthplace Indiana (City, town, or county) (State or foreign country)

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

16. (a) Informant Ada Elting

(b) Address 302 W. 2 St. Carthage Mo.

17. (a) Burial (b) Date thereof 1/3/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetary

18. (a) Signature of funeral director

(b) Address Pierce City Mo

19. (a) 1-6-45 (b) Gustave Sudhoffer
 (Date received local registrar) (Registrar's signature)

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 Ed O James (M. D. or other)
 Address Joplin Mo Date signed 1-6-45

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

My car. family records

45-18

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..... *Edlesimer*

Licensed Embalmer No. *2222*

P. O. Address *Carthage*

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.