

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2572  
Registrar's No. 613

FILED JAN 16 1945  
Registration District No. 56

Primary Registration District No. 2001

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

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:  
1321 Furnace  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community all her life  
years, months or days

3. (a) PRINT FULL NAME Rose Nell Lea

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

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

4. Sex fem. 5. Color or race white

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

6. (b) Name of husband or wife Asa Lea

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

7. Birth date of deceased February 20th 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>25</u>	_____ hr. _____ min.

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

10. Usual occupation housewife

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

12. Name John D. Mefford

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

14. Maiden name Amelia Payne

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

16. (a) Informant Asa Lea

(b) Address 1321 Furnace Joplin Mo.

17. (a) burial (b) Date thereof 12-27th 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Hope

18. (a) Signature of funeral director Parker Hunsaker

(b) Address 1502 Joplin St. Joplin Mo.

19. (a) 12-26-44 (b) Gertude Schaeffer  
(Date received local registrar) (Registrar's signature)

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. 1321 Furnace 5  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24  
year 1944 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Feb. 1944 to Dec 24 1944  
that I last saw her alive on Dec 25 24 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Heart & Respiratory failure

Due to Carcinoma lung

Due to metastasis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

1 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 2

23. Signature C.E. Heiskens \_\_\_\_\_  
Address Joplin Mo. Date signed 12-26-44

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

1204

44-12-1057

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.