S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6343

State File No.

Registration District No. 126 Primary Registration District No. 2001 Registrar's No. 77

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:
Home 1322 West 4th 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

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. 1322 West 4th. 5
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs Florence Arnold

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2

6. (b) Name of husband or wife

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

7. Birth date of deceased May 9 (Month) 1906 (Day) (Year)

8. AGE: Years 38 Months 8 Days 30 If less than one day hr. min.

9. Birthplace Joplin, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William C. Troutman Jr
13. Birthplace N. Ashland Penn 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Flora Manchester
15. Birthplace Vale Iowa 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. C. Troutman Jr.
(b) Address 1322 W. 4th ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.

19. (a) 2-10-45 (Date received local registrar) (b) Gertrude Sudhoeter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8
year 1945 hour 10 minute ~~30~~ P.M.

21. I hereby certify that I attended the deceased from 9-12, 1944 to 2-8, 1945;
that I last saw her alive on 2-8, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Ulcer

Due to Carcinoma Omentum Tube of Intestines and Fibroid Tumor Uterus

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 J. W. L. Sims (M. D. ~~or other~~)
Address Joplin Date signed 3/10/45

1204

(Licensed Embalmer's Statement on Reverse Side)

45-2-184

MAR. 2 1945

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.....

Licensed Embalmer No. 9-9

P. O. Address.....

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.