S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1945

Registration District No. 126

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 13666

Registrar's No. 190

**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: Residence 407 High
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 23 years
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. 407 High. 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 Ellen Marie Holman

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

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased January (Month) 6 (Day) 1861 (Year)

8. AGE: Years 84 Months 3 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace Cincinatti (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name UNKNOWN
13. Birthplace ✓ (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name ✓
15. Birthplace ✓ (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs James Fort
(b) Address 407 High

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28th 45 (Month) (Day) (Year)
(c) Place: burial or cremation Forrest Park

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

19. (a) 4-28-45 (Date received local registrar) (b) Gertrude Sudhalter (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 25 year 1945 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feby 20, 1945, to Apr 25, 1945 that I last saw her alive on Apr. 24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death General Arteriosclerosis Cerebral Apoplexy

Due to Influenza.

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 8 3 a

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 W. Loveland (M. D. or other)

Address Joplin Mo Date signed 4/27/45

(Licensed Embalmer's Statement on Reverse Side)

45-4-345

**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~~ Donald L Blue, Registered Apprentice No. 377 working under my personal supervision.

Signed Perry K Hurlbut

Licensed Embalmer No. 95-9

P. O. Address Ripley Miss.

**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.**