

No. 2
1-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1945
Registration District No. 157

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13695

State File No.
Registrar's No. 78

Primary Registration District No. 3028

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
In this community 14 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1, Jasper
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME BERNICE EDWINA PROBERT
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 3, year 1945 hour 3:00 minute A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Sept. 11, 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 18, 1945 to Apr 3, 1945; that I last saw her alive on Apr 2, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
Right lobar pneumonia
Duration 2 wks years

8. AGE: Years 56 Months 6 Days 23 If less than one day hr. min.

Due to.....
Due to.....
Other conditions exophthalmic goiter years
(Include pregnancy within 3 months of death)

9. Birthplace Purcell, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Major findings:
Of operations [Signature]
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....
12. Name E. E. Hubbard
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Alice Duncan
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. A. Probert
(b) Address Route #1, Jasper, Mo.
17. (a) Burial (b) Date thereof 4-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HACKNEY CEMETERY

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?

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri
19. (a) April 5 '45 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury C
23. Signature [Signature] (M. D. or other)
Address Carthage, Mo. Date signed 4-5-45

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

19
1
3

45-4-288

NOV 28 1947

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 Ed Williams
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.