

U. S. No. 2
DOM-2-43
Rev. 5-17-39
I X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17210

State File No. _____

FILED MAY 15 1945

Registration District No. 158

Primary Registration District No. 2001

Registrar's No. 210

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:
St Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether
In this community 30 Yrs
years, months or days)

3. (a) PRINT FULL NAME Mrs. Louise May

3. (b) If veteran, name war No. 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruel May 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased. Nov 30 1891
(Month) (Day) (Year)

8. AGE: Year Months Days If less than one day
53 5 4
hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name ? Grimmett

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. May

(b) Address 1015 Furnace

17. (a) Burial (b) Date thereof 5-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkway

18. (a) Signature of funeral director Hurlbut Undy Co.

(b) Address Joplin, Mo.

19. (a) 5-8-45 (b) Gertrude Sushalter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1015 Furnace
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1945 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb. 19
1943 to May 4 1945.
that I last saw her alive on May 4 1945.
and that death occurred on the date and hour stated above.

Immediate cause of death General carcinomatosis. Duration 2 yrs

Due to cancer of cervix. 2 yrs

Due to _____

Other conditions none
(include pregnancy within 3 months of death)

Major findings: cervical tissue, biopsy, Malignant.

Of autopsy .. H&W

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) no

(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 street or place)

While at work _____ means of injury _____

Signature [Signature] (M.D. or other) MD

Address Joplin Mo Date signed 5/8/45

(Licensed Embalmer's Statement on Reverse Side)

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

49
2
5

0

1

12004

45-5-406

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 S. Blue

Registered Apprentice No. *377*

working under my personal supervision.

Signed

Jerry K. Spurlin

Licensed Embalmer No.

959

P. O. Address

Spokane, 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.