

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 28 1945

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 260

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: Nursing Home 1809 Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 4
In this community 4 1/2 years (Specify whether years, months or days)

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. 714 Murphy
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Kate Boyd

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

4. Sex F! 5. Color or race W 6. (a) Single, widowed, married, divorced 3
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 3 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation House work

11. Industry or business House work

12. Name Leo Marbaugh

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

14. Maiden name Lucinda Prater

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

16. (a) Informant J. O. Marbaugh
(b) Address 714 Murphy

17. (a) burial (b) Date thereof 6-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park
18. (a) Signature of funeral director Harrell Willson
(b) Address 305 W. 4th St.

19. (a) 6-7-45 (b) Opetus Sudhalter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1945 hour 1 minute 40 P M.

21. I hereby certify that I attended the deceased from 4-7-45, 19____, to 6-5-45, 19____;
that I last saw her alive on 6-4-45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Hemorrhage Duration 4 day
Due to Carcinoma of uterus with metastasis to uterus - intestinal tract 7 yrs

Other conditions (Include pregnancy within 3 months of death) 488

Major findings: Of operations _____ Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature R. D. Mahoney (M. D. or other) MD
Address Joplin, Mo. Date signed 6-7-45

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

1502 Main St
Joplin, Mo

49

2

5

45-6-500 11

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 Rebecca Harshill

Licensed Embalmer No. 3590

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.