S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20625

FILED JUL 14 1945

Registration District No. 156 — Primary Registration District No. 2001 — Registrar's No. 302

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: 215 N. Landreth Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether in this community years, months or days) 6 months

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. 215 N. Landreth Avenue (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ada Robertson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 30, 1886 (Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 29 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name John W. Peavey
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Myria Simmons
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Helen Fowler

(b) Address 215 N. Landreth, Joplin, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 3, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery, Galena Ks.

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 6-30-45 (Date received local registrar) (b) Gertrude Sudhalter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1945 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 2-8-44, 19__, to 6-29, 1945; that I last saw her alive on 6-25-45, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Carcinoma of gastro intestinal tract with metastasis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 46m	

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 R. A. Mahoney (M. D. or other) D.O.

Address Joplin, Mo. Date signed 6/29/45

1204 (Licensed Embalmer's Statement on Reverse Side)

45-6-542

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 F. M. Jones

Licensed Embalmer No. 2319

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.