

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 30 1945

Registration District No. 101

Primary Registration District No. 5404

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava Rural Finley Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

(c) City or town Ava Rural Finley Twp  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ Route 0  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edna C. Joslin

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Poter A. Joslin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 23, 1865  
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ Ind. \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Harmon

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

14. Maiden name Mary Carter

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

16. (a) Informant E. H. Joslin

(b) Address Rout, Ava, Missouri

17. (a) Burial (b) Date thereof 3-14-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkinbeard Funeral H

(b) Address Ava, Missouri

19. (a) 7-1-1945 (b) Lula Spurlock  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1945 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb - 1945 to March 11 1945 and that death occurred on the date and hour stated above.

Immediate cause of death widely diffused carcinoma

Due to Primary Carcinoma of breast

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 50

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature R M Norman (M. D. or other) \_\_\_\_\_  
Address Ava Mo Date signed Jan 1945

Duration 3-4 years

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

34  
0  
0

RECEIVED

District Health Officer No. 6,

District File Number: 745-217

Date Filed: JUL 27 1949

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..... *W.B. Hutchinson* .....

Licensed Embalmer No. *3431* .....

P. O. Address..... *Over* .....

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.