S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37667

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

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: 1601 Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs.
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. 1601 Hill
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leora Belle Zaerr
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 married
6. (b) Name of husband or wife Frank Zaerr
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 18 (Day) 1910 (Year)

8. AGE:	Years	Months	Days	If less than one day
	35	2	13	hr. min.

9. Birthplace Alba (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Swoverland
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mollie Aislep
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Frank Zaerr
(b) Address 1601 Hill, Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Cem.
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin Joplin, Mo
19. (a) 10-3-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2 year 1945 hour 4 minute 10 P.M.
21. I hereby certify that I attended the deceased from did not attend, 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetic Shock	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

61

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 [signature] (M. D. or other) [signature]
Address 2114 Joplin Date signed 10-2-45
Coroner Jasper Co. Mo

1464 (Licensed Embalmer's Statement on Reverse Side)

45-10-858

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 Steve Parker

Licensed Embalmer No. 254 F

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.