DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41505

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: 314 WEST 4th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 73 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 314 W. 4th St 5
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Agnes Pabst

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F1

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife John B. Pabst DIEC

6. (c) Age of husband or wife if alive 1899 years

7. Birth date of deceased January (Month) 4 (Day) 1855 (Year)

8. AGE:

Years	Months	Days	If less than one day
90	11	0	hr. min.

9. Birthplace Boonville (City, town, or county) Mo U (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business

FATHER
12. Name D. K. Fisher
13. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Robert T. Pabst
(b) Address 314 WEST 4th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address 305 W. 4th St

19. (a) 12-7-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4th year 1945 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Did Not Attend, 19 ..., 19 ...; that I last saw her alive on ..., 19 ...; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Arterio Sclerosis

Due to Senile

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

Major findings:
Of operations .....
Of autopsy .....

Coroners Investigation

Duration

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 2

23. Signature H. W. Dewfelt (M. D. or other) DO

Address 214 Joplin Date signed 12/5/45

(Licensed Embalmer's Statement on Reverse Side)

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

45-12-972

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. Ceil a Thornhill

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.