

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6097

FILED MAR 6 1946

State File No. _____

Registration District No. 156

Primary Registration District No. 3001

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:
129 Park /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 50 Yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 119

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. 129 Park (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Anna Lee Farley

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, Widowed

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

7. Birth date of deceased August 2nd 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 6 16 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name David Owens

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

14. Maiden name Madeline Bason

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

16. (a) Informant Warren McCumber
(b) Address 129 Park

17. (a) Burial (b) Date thereof 2-20-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark-Memorial

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin Mo

19. (a) _____
(Date received local registrar) (Registrar's signature)

153 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18th
year 1946 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis -
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

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

23. Signature A. W. Berrett (M. D. or other) _____
Address 2114 Joplin Date signed 2/20/46

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

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

5089

46-2-124

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.