

U.S. No. 2
FORM-5-43
Rev. 5-17-39
X36671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUN 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. **17025**

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:
St. John Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **All her life** (Specify whether 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. **1334 Grand**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Juanita Evelyn Shanklin**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____
4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced, or** **married**
6. (b) Name of husband or wife **Earl Shanklin** **6. (c) Age of husband or wife if** **alive 33** years
7. Birth date of deceased **July 21, 1915**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **22**
year **1946** hour **2** minute **30** A.M.
21. I hereby certify that I attended the deceased from **6-12-42**, 19____ to **May 22-46**, 19____
that I last saw h. or alive on **5-22-46**, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years **30** Months **10** Days **1** If less than one day hr. _____ min. _____

Immediate cause of death
Uremia (Pregnancy 8 months) **Duration 2 months**
Due to **Hemorrhage into atrophic liver** **5-22-46**
Due to **Syphilis** **3 yrs.**
Other conditions **309**
(Include pregnancy within 3 months of death)

9. Birthplace: **Joplin** (City, town, or county) **Missouri** (State or foreign country)
10. Usual occupation: **Housewife**
11. Industry or business
12. Name: **Edd Finch**
13. Birthplace: **Springfield, Missouri** (City, town, or county) (State or foreign country)
14. Maiden name: **Ella Ragan**
15. Birthplace: **Newburg, Missouri** (City, town, or county) (State or foreign country)

Major findings: **Cesarian section at 8 months gestation**
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant: **Mr. Earl Shanklin**
(b) Address: **1334 Grand, Joplin, Missouri**
17. (a) **Burial** (Burial, cremation, or removal) **(b) Date thereof:** **5-23-46** (Month) (Day) (Year)
(c) Place: **burial or cremation: Fairview Cemetery**
18. (a) Signature of funeral director: **Parker-Hunseker**
(b) Address: **1502 Joplin, Joplin, Mo.**
19. (a) **5/23/46** **(b)** **Ed Jones**
(Date received local registrar) (Registrar's signature)

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 **Car**
23. Signature: **Walter Hunsaker** (M. D. or other)
Address: **Joplin Mo** **Date signed:** **5/23/46**

138 (Licensed Embalmer's Statement on Reverse Side)

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

15906

NOV 21 1951

NOV 15 1951

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.