

S. No. 2
M-5-43
5-17-39
P I X38671

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30659

State File No. _____

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:
2029 Annie Baxter, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
in this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Charity Briney

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, 3
year 1946 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from 9-1-46
to 9-3-46, 19____; that I last saw her alive on 9-1-46, 19____; and that death occurred on the date and hour stated above.

4. Sex Female race White

5. Color or race White

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 January 14 1862
(Month) (Day) (Year)

Immediate cause of death

Hypostatic pneumonia 4 days

Due to Chronic myocarditis 3 yrs

Due to cardio-vascular-renal syndrome 5 yrs

Other conditions: _____
(Include pregnancy within 3 months of death)

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

84 7 20 hr. _____ min.

9. Birthplace Fleningville Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

Major findings:
Of operations _____

Of autopsy _____

1317

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

11. Industry or business _____

12. Name Theodore Lyman

13. Birthplace Danville Illinois /
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Payne

15. Birthplace Danville Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charity McKee

(b) Address 2029 Annie Baxter, Joplin, /

17. (a) BURIAL (b) Date thereof 9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lefler Cem., S.E. Schell City

18. (a) Signature of funeral director Parker Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 9-4-46 (b) W. B. 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?
City
(Specify type of place)

While at work? _____ (c) Means of injury 21

23. Signature H. A. Mahoney (M. D. or other) Do.
Address Joplin, Mo. Date signed 9/4/46

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

2943

46-8-795

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.