S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30677

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:
Nursing Home, 2215 Empire 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 47

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

(d) Street No. 1102 Moffet 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Gertrude Mable Elliott

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

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 August 1, 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Ft. Scott Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Own home

FATHER
12. Name William Borning 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Frankenberger
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pauline Lee

(b) Address 1506 Pearl, Joplin, Mo.

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

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 9-16-46 (b) Ed Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
year 1946 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from Aug 19th 1946, to Sept 4 1946
that I last saw her alive on Sept 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure — Duration 2 days

Due to Chronic myocarditis c̄ arterial hypertension — over 2 wks over 2 wks

Due to Fracture of left hip — Aug 18th 1946

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Fracture of left hip

Of autopsy 18 18

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) Accident 12 21

(b) Date of occurrence Aug 18-46

(c) Where did injury occur? Joplin Jasper Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home
(Specify type of place)

While at work? No (e) Means of injury Was an invalid and fell in going to bathroom

23. Signature Bahl Fair M.D. (M. D. or other)

Address Joplin Mo Date signed 9-13-46

(Licensed Embalmer's Statement on Reverse Side)

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

29505

46-8-79#7

JUL 29 1948

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.