

S. No. 2
M-543
7. 5-17-39
P. I X3667

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

State File No. **30682**

FILED 091 9 1946
756

Registration District No. _____ 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:
1838 Kensington Ave., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Life
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. 1838 Kensington **5**
(If rural, give location)
(e) Citizen of foreign country? no **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Illa June Geoghegan

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 M.
6. (b) Name of husband or wife Rex Geoghegan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 28, 1920
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>26</u>	<u>3</u>	<u>2</u>	_____ hr. _____ min.

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Clarence DeGraffenreid
13. Birthplace Galena, Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Anna Crawley
15. Birthplace Joplin, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clarence DeGraffenreid
(b) Address 1838 Kensington, Joplin, Mo

17. (a) Burial (b) Date thereof 10-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Parker Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 10-3-46 (b) Ed Janner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1946 hour 12:05 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 4
1946 to Sept 30 1946
that I last saw her alive on Sept 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant tumor of Brain
Duration several months

Due to ?

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 56D
Of operations _____
Of autopsy _____

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?

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

23. Signature Jach... (M. D. or other) _____
Address Joplin Mo. Date signed 10/1/46

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

29

46-9-860

OCT 21 1945

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 Job his 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.