

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30686

State File No. \_\_\_\_\_

FILED SEP 27 1948

Registration District No. 126

Primary Registration District No. 200

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days (Specify whether  
In this community... 45 years  
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... 315 E. 12th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Stella Mae Hadley

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 Married

6. (b) Name of husband or wife... Henry Hadley 6. (c) Age of husband or wife if alive... \_\_\_\_\_ years

7. Birth date of deceased... May 21, 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 3 17 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business Own home

12. Name James Sheeks

13. Birthplace Unknown

14. Maiden name Elizabeth Linsey

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

16. (a) Informant Henry Hadley

(b) Address 315 E. 12th, Joplin, Mo.

17. (a) Burial (b) Date thereof 9-9-46  
(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) 9-10-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 7  
year 1946 hour 7:20 minute A M.

21. I hereby certify that I attended the deceased from Sept 3 1946 to Sept 7 1946  
that I last saw her alive on Sept 6 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Anoxia Duration 4 days  
Hypertension 2 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 83A  
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?  
em.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Joplin Mo Date signed 9-9-46

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

29310

46-8-800

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.**