

S. No. 2  
-12-45  
5-17-39  
X47070

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

File No. 32471  
Registrar's No. 122

Registration District No. 360 Primary Registration District No. 6225

1. PLACE OF DEATH:  
(a) County Vernon  
(b) City or town Rural Washburn, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hosp. No 3. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 yr. 2mo. 7 da.  
In this community same time  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper<sup>108</sup>  
(c) City or town Joplin  
(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 Floecie Green  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 29  
year 1946 hour 4:45 minute A. M.  
21. I hereby certify that I attended the deceased from 8-1-46  
to 9-29-46, 19\_\_\_\_, to 9-29-46, 19\_\_\_\_;  
that I last saw her alive on 9-28-46, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive unk. years  
7. Birth date of deceased: Jan. 28 - 1898  
(Month) (Day) (Year)

Immediate cause of death  
Pulmonary Embolism  
Following operation for  
uterine fibroids on  
9-25-46.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
48 8 1 hr. min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

10. Usual occupation Housework

11. Industry or business Own home

12. Name Edward Jones

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

14. Maiden name Roseella Welterwood

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

16. (a) Informant Hosp. Records

(b) Address Nevada Mo.

17. (a) Removal (b) Date thereof 9-29-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin Mo.

18. (a) Signature of funeral director Barber Kunsaker

(b) Address Joplin Mo.

19. (a) 10-21-46 (b) Rathun Yaucy  
(Date received local registrar) (Registrar's signature)

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 R.D. Rester (M. D. or other) 0  
Address Nevada Mo Date signed 9-29-46

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

331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Office No. 7,

License Number 9-46-1023

Date Filed 10-9-46

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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.