

S. No. 2
DM-543
v. 5-17-39
I X36671

33905

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

State File No. _____
Registrar's No. _____

Registration District No. 156 Primary Registration District No. 2001

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: Freeman Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Joplin
(d) Street No. 109 West Delta
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Laura B Ison
3. (b) If veteran, name war L
3. (c) Social Security No. L

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 6th
year 1946 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from 9-27-46 to 10-6-46
that I last saw her alive on 10-5-46
and that death occurred on the date and hour stated above

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced undiv
6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased Oct 6 - 1875
(Month) (Day) (Year)

Immediate cause of death Myocardial failure Duration over 9 days

8. AGE: Years 71 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to Chronic myocarditis
Due to Intestinal obstruction at sigmoid colon junction
Other conditions: gradual increasing over 4 yrs
(Include pregnancy within 3 months of death)

9. Birthplace Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Major findings: obstruction sigmoid colon & sigmoid
Of operations: _____
Of autopsy: 22 B
Underline which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name William Palmer _____
13. Birthplace unknown _____
14. Maiden name Mary C. Ham _____
15. Birthplace unknown _____

16. (a) Informant Permas Ison
(b) Address Avoca Mo
17. (c) burial (Burial, cremation, or removal) (b) Date thereof 10/8/46
(c) Place: burial or cremation: Maple Hill, Avoca
18. (a) Signature of funeral director Edgar Murr
(b) Address Avoca Mo
19. (a) 10-14-46 (Date received local registrar) (b) Ed O Jerns (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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of injury) (e) Means of injury _____
23. Signature Edgar Murr (M. D. _____)
Address Joplin Bldg. Joplin, Mo Date signed 10-10-46

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(Licensed Embalmer's Statement on Reverse Side)

46-10-888

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.....

Myself

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Paul L. Marsh

Licensed Embalmer No. *3812*

P. O. Address *Quora 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.