

S. No. 2
M-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33907

State File No. _____

FILED OCT 28 1946

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: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours
(Specify whether
In this community 8 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. 120 N. Connor
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Barbara McGaughey

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 John McGaughey
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 6, 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

34	10	13	hr. min.
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9. Birthplace Stockton Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name L. R. Bessey
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Loretta Smithers
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John F. McGaughey
(b) Address 120 N. Connor, Joplin, Mo.
17. (a) Removals (b) Date thereof 10-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salina, Kansas

18. (a) Signature of funeral director Parker Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 10-19-46 (b) Ed Janner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19 year 1946 hour 5:00 minute A M.

21. I hereby certify that I attended the deceased from 10/18/46 to 10/19/46
that I last saw her alive on 10-19-46 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic Coma (48 hrs) Hyperglycemia Pancreatic Insufficiency
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations: no surgery
Of autopsy: none
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? _____

23. Signature Ernest Johnson M.D., M.D. (Specify type of place) Joplin, Mo. (Means of injury) Of
Address 617 Fisco Bldg. Date signed 10/19/46

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

158

(Licensed Embalmer's Statement on Reverse Side)

46-10-897

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 Steve Perker
Licensed Embalmer No. 2548
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.