S. No. 2
M—5-43
5-17-39
J X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37400
State File No.

Registration District No. 126 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: 302 Gray Ave., (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 6 Years

2. USUAL RESIDENCE OF DECEASED: 49
(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 302 Gray (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Lydia Minerva Brock
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 3, 1857 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
89	3	12	hr. min.

9. Birthplace Bates County, Missouri 6 (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
MOTHER FATHER
12. Name Michel W. Swain
13. Birthplace Unknown Texas 1 (City, town, or county) (State or foreign country)
14. Maiden name Eleanor Youngblood
15. Birthplace Unknown Texas 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Anna Mae Beeler
(b) Address 213 N. Picher, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Elms Spring, Neosho, Mo
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin Mo.
19. (a) 11-20-46 (Date received local registrar) (b) Ed Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15 year 1946 hour 10:35 minute P M.
21. I hereby certify that I attended the deceased from 6-24-43, 19..., to 11-15-46, 19...; that I last saw he alive on 11-15-46, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis with Decompensation	?
Due to: Hypertension + Arterio Sclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy 0/3D

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? (Specify type of place)
While at work? (e) Means of injury 1
23. Signature Walter Hyman (M.D. or other)
Address Joplin Mo Date signed 11-18-46.

138 (Licensed Embalmer's Statement on Reverse Side)

46-11-1002

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.