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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED DEC 10 1946
Registration District No. 156

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37401

State File No. _____
Registrar's No. _____

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: 3127 Wall Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 3127 Wall
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Ida May Brown
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 7
year 1946 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from Sept 1 -
1946 to Nov 7 1946
that I last saw her alive on Sept 1 1946
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 Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 31, 1873
(Month) (Day) (Year)

Immediate cause of death: Hemorrhage from lungs
Due to Cause unknown
Duration: 2 min.
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: 13B

8. AGE: Years 73 Months 2 Days 7
If less than one day hr. min.

9. Birthplace Pittsburgh, Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Own Home

12. Name Unknown

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

14. Maiden name _____

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

16. (a) Informant Mrs. Grover Davis
(b) Address 2 3111 Wall, Joplin, Mo.

17. (a) Burial (b) Date thereof 11-11-46
(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 11-12-46 (b) Ed Starnes
(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? _____
(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 Ernest Mitchell M.D.
Address Joplin Mo Date signed 11-7-46

46-11-983

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.