

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

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1529

State File No. \_\_\_\_\_

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

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:  
619 N. Joplin  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 23 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. 619 N. Joplin  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lucille B. Jones

3. (b) If veteran, name war \* \* \*

3. (c) Social Security No. \_\_\_\_\_

4. Sex Fem /

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Raymond F. Jones

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 23, 1902  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>44</u>	<u>5</u>	<u>2</u>	<u>23</u>	hr. _____ min.

9. Birthplace Cape Girardeau Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired School Teacher

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Herman Buck

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

{ 14. Maiden name Emma Nusbaum

{ 15. Birthplace Cape Girardeau Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond F. Jones

(b) Address 619 N. Joplin Street

17. (a) Burial (b) Date thereof 1-27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Missouri

19. (a) 1-28-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25  
year 1947 hour 4 minute 9 A. M.

21. I hereby certify that I attended the deceased from 5/21, 1942 to 1/25, 1947  
that I last saw her alive on 1/24/47, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Since 5/4/42

Due to Rheumatic Fever.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 93D

Of operations \_\_\_\_\_

Of autopsy None

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)

(a) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Joplin Mo Date signed 1/27/47

DEC 10 1947

FEB 7 1947

**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 Terry K. Schubert

Licensed Embalmer No. 959

P. O. Address Jupiter, Fla.

**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.