

S. No. 2  
 OM-2-43  
 v. 5-17-39  
 X35697

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

1550

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

FILED FEB 13 1947

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 Johns Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)  
 In this community 5 months, 9 days

3. (a) PRINT FULL NAME Sharon Sue Stapleton

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 single

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

7. Birth date of deceased August 1946  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>5</u>	<u>9</u>		hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Infant

12. Name Virgil Stapleton

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

14. Maiden name Betty West

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

16. (a) Informant Virgil Stapleton

(b) Address 914 1/2 Connor Ave

17. (a) Burial (b) Date thereof Jan 13-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sterling Cemetery

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Missouri

19. (a) 1-14-47 (b) Ed D Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
 (c) City or town Joplin 2  
(If outside city or town limits, write "RURAL") 5  
 (d) Street No. 914 1/2 Connor Ave  
(If rural, give location) 0  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10  
 year 1947 hour 3 minute 10 p. M.

21. I hereby certify that I attended the deceased from Jan 8, 1947, to Jan 10-47;  
 that I last saw her alive on Jan 10 1947, 1947;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 days

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

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

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

Major findings: Of operations 107

Of autopsy \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_

23. Signature A. H. Craig (M. D. or other) \_\_\_\_\_  
 Address Joplin, Mo Date signed 1/13/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

49  
25

138

(Licensed Embalmer's Statement on Reverse Side)

47-1-48

**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..... *David Dillon* .....

Licensed Embalmer No. *3898* .....

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.**