

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9679

FILED MAR 28 1947

State File No. _____

Registration District No. 136

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:
1417 North Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 12 Years (Specify whether 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. 1417 North Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fannie Rebecca Zook

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, widowed

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

7. Birth date of deceased Feb. 12, 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation retired

11. Industry or business _____

12. Name David Yoder

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

14. Maiden name Saloma Zook

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

16. (a) Informant Mrs. E. H. Fox
(b) Address 1417 North St., Joplin, Mo.

17. (a) Burial (b) Date thereof 2-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 2502 Joplin, Joplin, Mo.

19. (a) 2-20-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1947 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from 2-6-13 1947 to 2-12 1947
that I last saw h. er. alive on 1-4
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration 6/13/47

Due to _____

Due to _____

Other conditions (Include pregnancy within 8 months of death) _____

Major findings: Of operations [Signature]

Of autopsy _____

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) _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Joplin, Mo. Date signed 2/18/47

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

MOTHER FATHER

158 (Licensed Embalmer's Statement on Reverse Side)

47-3-174

APR 2 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 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.