

No. 2
-12-45
-17-39
K47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13850

State File No. _____

FILED MAY 5 1947

Registration District No. 1226

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. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 11 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. 1823 Illinois
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harriet A. Howard

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased: October 4, 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>95</u>	<u>6</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Siloam Springs Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business _____

12. Name no record

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. Mattie Hartley
(b) Address 1823 Illinois, Joplin, Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview, Mo.

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 4-22-47 (b) Solomon Lampkin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1947 hour 4:45 minute A M.

21. I hereby certify that I attended the deceased from April 9 1947 to April 15 1947;
that I last saw her alive on April 15 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration _____

Due to Inter trochanterary fracture of right hip and general arterio-sclerosis
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none except those described
hip reduced with external splint.
Of autopsy none
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? 122

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature E. Ernest Johnson
Address 617 Frisco Bldg. Joplin, Mo. Date signed 4/17/47

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

MOTHER FATHER

47-3-327

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.

Registration District No. 15-6

Primary Registration District No. 2000

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution April 9, 1947
April 15, 1947 (Specify whether years, months or days) 1 year

3. (a) PRINT FULL NAME Harnet A. Howard

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife John Howard 6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased Oct 4 (Month) (Day) (Year)

8. AGE: Years 95 Months 6 Days 0 (less than one day) hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business None

12. Name Anthony Little

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

14. Maiden name McCreary

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

16. (a) Informant Daughter, Mrs. M. Hartley

(b) Address 1823 3rd, Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/47 (Month) (Day) (Year)

(c) Place: burial or cremation Buried (Nice)

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

(b) Address Joplin Mo

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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. 1823 3rd (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April year 1947 (hour) 4 minute 45 A. M.
21. I hereby certify that I attended the deceased from 4/9/47 to 4/15/47 that I last saw him alive on 4/15/47 and that death occurred on the date and hour stated above.
Immediate cause of death Broncho pneumonia Duration _____

Due to inter-trochanteric fracture of the right hip, uremia and general arterir sclerosis

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) patient fell
(b) Date of occurrence 4/9/47 (at home & broke hip)
(c) Where did injury occur? See a (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature E. Ernest Johnson (M.D. or D.O.)
Address 617 Frisco Bldg, Joplin, Mo. Date signed 5/17/47

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

EMERALD

13850