

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

State File No. 13858

FILED MAY 8 1947

Registration District No. 132

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:
1413 Hill St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community lifetime
years, months or days)

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")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dorothy Eunice Laughter

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 married
6. (b) Name of husband or wife James R.
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased December 20 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 2 20 hr. min.

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

10. Usual occupation _____

11. Industry or business housewife

12. Name Lon Presley

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

14. Maiden name Maudie May Gill

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

16. (a) Informant James R. Laughter

(b) Address 1413 Hill St

17. (a) Burial (b) Date thereof Mar 15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

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

(b) Address Joplin Missouri

19. (a) 3/13/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1947 hour 9 minute 20 a. M.

21. I hereby certify that I attended the deceased from Feb. 26 1947 to March 13 1947
that I last saw h. or alive on March 13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Inner uterine hemorrhage
Due to Cancer of uterus - colon and vaginal tract
Due to _____

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) _____
(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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Dr. E. St. August or other 100
Address 719-20 7th St Bldg Date signed 3/13/47

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *Chas. M. Dancy*
Licensed Embalmer No. *3566*
P. O. Address *John Mason*

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.