

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

13867

State File No.

FILED MAY 5 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:
424 N. Sergeant Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years
(Specify whether in this community 7 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. 424 N. Sergeant Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1947 hour 1 minute 45 p. M.

21. I hereby certify that I attended the deceased from Feb. 1947 to March 1947
that I last saw or alive on Mar. 29-47 and that death occurred on the date and hour stated above.

Immediate cause of death ch myocarditis

Due to Smoking

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations ASD

Of autopsy

Duration ?

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

3. (a) PRINT FULL NAME Lizzie A. Poston

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 Charles L. Poston deceased 6. (c) Age of husband or wife if deceased years

7. Birth date of deceased July 18 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Housewife

12. Name James Shirley

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 Charles L. Poston
(b) Address 424 N. Sergeant Ave

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

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Thornhill-Dillon Mort
(b) Address Joplin, Missouri.

19. (a) 4-2-47 (b) Solomon Sampkins
(Date received local registrar) (Registrar's signature)

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 0

23. Signature J. Charles with (M. D. or other) 0
Address Joplin mo Date signed 3/31/47

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

47-3-301

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.....

Licensed Embalmer No.....

P. O. Address.....

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.