

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13868**

FILED MAY 5 1947

Registration District No. **152**

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:
2105 Connor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **50 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. **2105 Connor Ave.**
(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** day **1st**
year **1947** hour **1:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 1, 1947** to **April 1, 1947**
that I last saw her alive on **April 1, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of esophagus, scapula, & skull
Duration **4 years**

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **5**
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? **0**

While at work? _____ (Specify type of place) (e) Means of injury **0**
23. Signature **M. J. Hall** (M. D. or other) **MD**
Address **Joplin Mo** Date signed **4-3-47**

3. (a) PRINT FULL NAME **Almeda J. Prigmore**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **George W. Prigmore** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 27 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	11	5	hr. _____ min.

9. Birthplace **Athens County Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Fredrick Schleppey**

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

14. Maiden name **Louise Cone**

15. Birthplace **Athens Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. T.E. Musser**

(b) Address **Diamond Mo. Route 1**

17. (a) **Burial** (b) Date thereof **4-3-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Spring Valley Cem.**

18. (a) Signature of funeral director **Hurlbut Und. Co.**
(b) Address **Joplin, Mo.**

19. (a) **4-3-47** (b) **Almeda Prigmore**
(Date received local registrar) (Registrar's signature)

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

47-3-304

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

Henry K. Hurlbut

Licensed Embalmer No.

959

P.O. Address:

Josephine Hill

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.