p. 2
-45
7-39
K47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17810

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: 1724 Indiana
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 Months
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. 1724 Indiana 5
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rose Myrtle Laisure

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

4. Sex F. 1
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 February 26, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	1	19	hr. min.

9. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation retired
11. Industry or business

FATHER
12. Name No record
13. Birthplace " " 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Franklin Gilstrap
(b) Address 1724 Indiana, Joplin, Mo.
17. (a) Removal (b) Date thereof 4-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Houston, Texas
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 4-19-47 (b) Dolores Lampkins D.R.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1947 hour 11:10 minute P M.
21. I hereby certify that I attended the deceased from Mar. 15, 1947, to April 8, 1947, that I last saw her alive on April 8, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis
Due to High Blood Pressure
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 2
23. Signature Dr M. S. Mendenhall D.D. (M.D. or other) Do
Address Seneca Date signed Mo.

(Licensed Embalmer's Statement on Reverse Side)

47-4-374

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.