

No. 2
-12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21372

State File No.

FILED JUL 8 1947

Registration District No.

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: Joplin General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 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. R#1, Box 410
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1947 hour 7:40 minute P M.
21. I hereby certify that I attended the deceased from Dec. 1947
1947 to 5-16 1947
that I last saw her alive on 5-16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart & Respiratory failure
Due to: Aorta coronary occlusion
Duration: 2 wks

3. (a) PRINT FULL NAME Mittie Lavina Harris

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 M.

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

7. Birth date of deceased May 14, 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Iola Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper
11. Industry or business Youngblood & Breazeale Grocery

12. Name Joe Anderson
13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name Elia Shell
15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant John Harris
(b) Address Joplin, Missouri, R#1, Bx. 410

17. (a) Burial (b) Date thereof 5-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial

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

19. (a) 5-22-47 (b) Belores Lamark
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: 94A
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?

While at work? (Specify type of place) (c) Means of injury
23. Signature W.E. Heinke M. D. or other
Address Joplin Date signed 5/19/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

JUL 15 1947

JUL 15 1947

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.