

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24571

State File No. _____

FILED AUG 6 1947
136

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:
Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **one Day** (Specify whether years, months or days)

In this community **one Day** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **McDonald** 60

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Anderson, Rt. 1**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **BECKY SUE TOSH**

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, ~~married~~ **Single**

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

7. Birth date of deceased **June 26 1947**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	1	hr. _____ min.

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

10. Usual occupation **none**

11. Industry or business **none**

MOTHER FATHER { 12. Name **Milford Tosh**

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

14. Maiden name **Lavonne Garman**

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

16. (a) Informant **Milford Tosh**

(b) Address **Anderson, Rt. 1, Missouri**

17. (a) **Burial** (b) Date thereof **June 29 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Anderson Cemetery**

18. (a) Signature of funeral director **John B. Johnson**
(b) Address **Goodman, Missouri**

19. (a) **7-10-47** (b) **Delores Tompkins**
(Date received local registrar) (Registrar's signature) 120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27th** year **1947** hour **5:30** minute **0** M.

21. I hereby certify that I attended the deceased from **6/26/47**, 19____ to **6/27/47**, 19____; that I last saw her alive on **6/27/47**, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity (6 mo. fetus)**
Due to **Premature birth.**

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **159**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
Signatures **John B. Johnson** (M. D. or _____)
Address **304 Frisco Bldg. Joplin, Mo.** Date signed **7/8/47**

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

H7-7-632

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 John B. Papineau
Licensed Embalmer No. 4446
P. O. Address Lodman, Me

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.