

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED SEP 18 1947

Registration District No. 136

Primary Registration District No. 200

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: 704 W. 26 St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 33 years (Specify whether years, months or days)

In this community 33 years

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. 704 W. 26th
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ada Mae White

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 30 year 1947 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 15 1947 to August 30 1947 that I last saw him alive on Aug. 29 and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Robert 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased: February 18, 1902
(Month) (Day) (Year)

Immediate cause of death epinephrine hemorrhage from metastasis of cancer

Due to Cancer of Breast (left)

Other conditions (include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>6</u>	<u>12</u>br.....min

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 ✓

Major findings: Of operations ✓ 50

Of autopsy ✓

9. Birthplace Trinidad, Colorado
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name James Murray

13. Birthplace Trinidad, Colorado
(City, town, or county) (State or foreign country)

14. Maiden name Dolly Beasley

15. Birthplace Trinidad, Colorado
(City, town, or county) (State or foreign country)

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(b) Date of occurrence ✓

(c) Where did injury occur? (City or town) (County) (State)

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While at work? ✓ (e) Means of injury ✓

Signature J. Lawson (Print name or other) JD

Address Joplin Mo Date signed 9-2-47

16. (a) Informant Robert White

(b) Address 704 W. 26th St., Joplin, Mo

17. (a) Burial (b) Date thereof 9-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial

18. (a) Signature of funeral director Parker Hunsaker

(b) Address Joplin, Missouri

19. (a) 9-5-47 (b) Adeline Sampson
(Date received local registrar) (Registrar's signature)

Duration 1 day

6 months

1 1/2 yrs.

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

17-8-754

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.