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U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23297

FILED AUG 6 1948 56
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:
ST JOHN'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY
(Specify whether years, months or days)
In this community 30 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Rural #4, Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ADDIE LORENA HILDRETH

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, Divorced WIDOW
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 30 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace McLain County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation wife

11. Industry or business _____

12. Name John Allen

13. Birthplace Rhode Island
(City, town, or county) (State or foreign country)

14. Maiden name (No record) Gould

15. Birthplace Rhode Island
(City, town, or county) (State or foreign country)

16. (a) Informant Bert Hildreth

(b) Address Reddings Mill, Joplin, Mo

17. (c) Removal (Burial, cremation, or removal) (b) Date thereof 7-30-48
(Month) (Day) (Year)

(c) Place: burial or cremation Leon Cem, Leon, Kansas

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 7-29-48 (Date received local registrar) (b) Solores Samplings (Registrar's signature) 124

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1948 hour 9:45 minute P M.

21. I hereby certify that I attended the deceased from 7/26 1948, to 7/27 1948;
that I last saw her alive on 27 July 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration Duration 6 mo
Due to Coronary arteriosclerosis 6 yrs
Due to Senility
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Ch 30
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 _____
Signature J. J. [unclear] (M. D. or other) MD
Address Joplin, Mo Date signed 7/29/48

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

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 Steve Parker

Licensed Embalmer No. 2548

P.O. Address 9011 m

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.