

No. 300  
10.48

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34147

State File No. ....

49  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>480</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Ottawa</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>1 Month</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Miami</u>		d. STREET ADDRESS (If rural, give location) <u>22 "F" S.W.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2</u>			
3. NAME OF DECEASED a. (First) <u>Anna</u>			b. (Middle) <u>C</u>		c. (Last) <u>Larson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 24, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>January 22, 1880</u>	9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>2</u>	11. UNDER 18 YRS. Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Making</u>		11. BIRTHPLACE (State or foreign country) <u>Sweeden</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>	
13a. FATHER'S NAME <u>No Record</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE <u>Carl Larson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Larson Joplin, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRAIN Tumor, Type UNKNOWN</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PATHOLOGIC FRACTURE</u>					
		DUE TO (c) <u>R femur Mid Thiro</u>				<u>6 wks.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>223X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>14 May, 1949</u> , to <u>24 Oct, 1949</u> , that I last saw the deceased alive on <u>28 Oct, 1949</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. D. Douglas M.D.</u>				23b. ADDRESS <u>218 Frisco Bldg. Joplin, Mo.</u>		23c. DATE SIGNED <u>25/Oct/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>October 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miami, Okla.</u>		24d. LOCATION (City, town, or county) (State) <u>Miami, Okla.</u>	
DATE REC'D BY LOCAL REG. <u>10-29-49</u>		REGISTRAR'S SIGNATURE <u>Carl Larson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>My Sister's Funeral Home</u>		ADDRESS <u>Joplin, Mo.</u>	

(Licensed Embalmer's Signature on Reverse Side)

RECEIVED 11-1-49  
Jasper County Health Office

County File Number 49-10-826

Date Filed 11-8-49

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Reeva. Shombell

Licensed Embalmer No. 3590.

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.