

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

37696

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 497

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>8 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2824 West 4th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2824 West 4th Street</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 8, 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u>		b. (Middle) <u>LEHR</u> c. (Last)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 28, 1890</u>
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>10</u>	IF UNDER 4 HRS. Hours <u>  </u> Min. <u>  </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>Macon, Mississippi</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Thomas Rosser</u>	
13b. MOTHER'S MAIDEN NAME <u>Loddie Walker</u>		14. NAME OF HUSBAND OR WIFE <u>Frank J. Lehr</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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Frank J. Lehr</u>		ADDRESS <u>2824 West 4th, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Rheumatoid Arthritis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>7220</u>	
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>10-9, 1948</u> , to <u>11-8, 1949</u> , that I last saw the deceased alive on <u>11-8, 1949</u> , and that death occurred at <u>2:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ed S. James</u> (Degree or title) _____		23b. ADDRESS <u>Joplin, Mo.</u>	
23c. DATE SIGNED <u>11-14-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov. 11, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>		DATE REC'D BY LOCAL REG <u>11-14-49</u>	
REGISTRAR'S SIGNATURE <u>Ed S. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mort.</u> ADDRESS <u>Joplin, MO.</u>	

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

RECEIVED 11-25-49  
Jasper County Health Office  
County File Number 19-11-900  
Date Filed 11-25-49

NOV 28 1949

DEC 7 1949

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Paul A. Shurlock*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3390

P. O. Address *Jasper 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.