

No. 2
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17-39
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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2947**

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

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

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 8 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY JANE UNDERWOOD
 3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Dallal A. Underwood 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Jan. 23, 1867
 (Month) (Day) (Year)

8. AGE: Years 74 Months - Days 3 If less than one day hr. min.

9. Birthplace Cleveland Ohio; (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER { 12. Name Samuel A. Tarr.

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

14. Maiden name Roxana Patterson.

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

16. (a) Informant W. J. Dougherty

(b) Address 2011 Jackson, Ave. Joplin Mo

17. (a) Burial (b) Date thereof Jan. 28, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Missouri

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 1-27-41 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Jasper (b) County Jasper **49**
 (c) City or town Joplin Missouri. **2**
 (If outside city or town limits, write "RURAL") **5**
 (d) Street No. 2011 Jackson. (If rural, give location) **0**
 (e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. 26, 1941.
 year hour 1-35 P. minute M.
21. I hereby certify that I attended the deceased from Dec 20, 1940, to Jan 26, 1941
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to Coronary Occlusion
Light
 Due to Chronic Cholecystitis
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: 94 W
 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?
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 While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
 Address 702 Kansas City Joplin Mo Date signed 1/27-41

4132-144

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 D. Parker

Licensed Embalmer No. 23748

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.