

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22391
Do not use this space.

JUL 17 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411

(b) Township Joplin Primary Registration District No. 2002 Registered No. _____

(c) City Joplin (d) Street No. 312 N. Mineral St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 80 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sadie Bathurst

(a) Residence, No. 312 N. Mineral St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>84</u>	<u>6</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. NO OCCUPATION

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

13. NAME Laurence Bathurst

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Margaret Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Mrs. Art Thomas
317 N. Mineral

18. BURIAL PLACE Forest Park DATE 6-23-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill-Dallan
Joplin, Mo.

20. FILED 6-24-39 Ed James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1939, to June 21, 1939

I last saw h. or alive on May 20, 1939. Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset _____

Other contributory causes of importance: 131

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) W. C. Coover, M. D.
Joplin, Mo. (Address)

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 739-1403

Date Filed JUL 10 1939

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.....

Scila Thonklee
working under my personal supervision.

Registered Apprentice No.....

Signed *Scila Thonklee*

Licensed Embalmer No. 3590

P. O. Address *Jefferson 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, above space should be left blank.