

1950 JUL 17 1939

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

Wilbur
22406
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Jasper Primary Registration District No. 5569 Registered No. _____
(c) City Jasper (d) Street No. R R 1 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. R# 11 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13, 1861

7. AGE YEARS 77 MONTHS 6 DAYS 21 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Marys County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Joseph D. Daniels

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Phillipp Spruell
Okla

18. BURIAL, CREMATION, OR REMOVAL PLACE Okla Mo DATE June 15, 1939

19. FUNERAL DIRECTOR (NAME) Walt City Und Co (ADDRESS) Walt City Mo

20. FILED 6-3 1939 Ed D. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1939

22. I HEREBY CERTIFY That I attended deceased from Apr 24 to June 3, 1939

I last saw her alive on May 31, 1939 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Myo Carditis, ch

Date of onset

Other contributory causes of importance: Fracture of hip - 5 Mo ago, left

Name of operation _____ 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: accident Date of injury 3 Mo ago

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

Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury fall in home
Nature of injury fract. left hip

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. Wilbur, M. D.
(Address) Joplin Mo

RECEIVED

District Health Officer No. 6,

District File Number 739-1419

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 Myself
....., Registered Apprentice No.....
working under my personal supervision.

Signed Blayton M. Johnston
Licensed Embalmer No. 8,922
P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.