

S. No. 2
-11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21981

State File No. _____

FILED JUL 12 1940 11
Registration District No. 2002

Primary Registration District No. 2002

Registrar's No. _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
MOTHER
FATHER

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin MO;
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hosp;
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days;
(Specify whether years, months or days)

In this community 2 years.

3. (a) PRINT FULL NAME Beverly Carroll Blythe.

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 7, 1937.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>2</u>	<u>8</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Joplin Missouri;
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER { 12. Name Roy Blythe

FATHER { 18. Birthplace Joplin Mo;
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Elizabeth Walker;

FATHER { 15. Birthplace Eureka Spgs Arkansas;
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Blythe

(b) Address Route 2 Joplin Mo;

17. (a) BURIAL (b) Date thereof 6-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SPRING VALLEY

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

(b) Address Joplin Mo;

19. (a) 6-19-40 (b) Ed Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Joplin Mo;
(If outside city or town limits, write "RURAL")

(d) Street No. 4729 Main Street;
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1940 hour 10-15 minute P M.

21. I hereby certify that I attended the deceased from 6-9-40, 1940, to 6-17-40, 1940,
that I last saw her alive on 6-17-40-, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
measles (whooping disease) 2 wks.

Due to _____

Due to _____

Other conditions General Septicemia 1 wk.
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

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 Hurlbut Und. Co. (M. D. or other) _____
Address Joplin Mo. Date signed 6/19/40

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. 2548

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, above space should be left blank.