

No. 2  
4-12-40  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **25448**

UG 9 1940  
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: **Jasper**  
 (a) County **Joplin**  
 (b) City or town **Joplin**  
 (c) Name of hospital or institution: **1802 W. 4th Street**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: **In hospital or institution 42 Yrs**  
 (Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME **Katie D. Rankin. 525**  
 3. (b) If veteran, name war **No**  
 3. (c) Social Security No. **No**

4. Sex **Fem** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Widow**  
 6. (b) Name of husband or wife **Edgar**  
 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: **May 18, 1877.**  
 (Month) (Day) (Year)

8. AGE: **63** Years **1** Months **0** Days  
 If less than one day hr. min.

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

10. Usual occupation **House Wife**

11. Industry or business **John R. Hutts;**

12. Name **John R. Hutts;**  
 13. Birthplace **Missouri**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Margaret Jones**  
 15. Birthplace **Missouri.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Family**  
 (b) Address **Joplin Missouri;**

17. (a) **Burial** (b) Date thereof **July 20 40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Joplin Mo. Huribut Und. Co;**  
 18. (a) Signature of funeral director **Joplin Mo;**  
 (b) Address **Joplin Mo;**  
 19. (a) **7-18-40** (b) **Ed D James**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jasper**  
**Joplin**  
 (c) City or town **Joplin**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1802 West 4 th St;**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **No** years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **July** day **18, 1940**  
 year hour **11-30** minute **A. M.**

21. I hereby certify that I attended the deceased from **July 15-1940**  
 19 **40** to **2-18-40** 19 **40**  
 that I last saw her alive on **July 17** 19 **40**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **✓**

Duration  
 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?  
**375** (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Thompson** (M. D. or other)  
 Address **Joplin Mo** Date signed **7-18-40**

**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. 25128

P. O. Address Jeffers Road

**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.**