

1940 AUG 19 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25853

State File No.

Registration District No. 1046

Primary Registration District No. 5-8-10 9002A

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
36th and Connecticut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 36th and Connecticut
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1940 hour 8 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Cause unknown, Probable organic heart attack
Due to Arterio Sclerosis

Due to Died very suddenly, had not consulted a Physician for several years

Other conditions: Natural causes
(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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature Carley Thompson _____
Address neg no No. _____ Date signed _____

3. (a) PRINT FULL NAME MARY E TINGLE 524

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

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

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

7. Birth date of deceased February 19 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Canon Co. Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Andrew Johnson

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

14. Maiden name Patrick

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

16. (a) Informant Carley Tingle
(b) Address 36th and Connecticut

17. (a) Burial (b) Date thereof July 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peace Cemetery

18. (a) Signature of funeral director Louise Mott

(b) Address 1502 Joplin St Joplin, Mo

19. (a) 7-17-40 (b) Ed W Jarner
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number 840-2463

Date Filed AUG 14 1940

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.....

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Josephine

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.