FILED SEP 16 1940

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28794

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:

(a) County Jasper

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

(c) Name of hospital or institution: 1618 Missouri Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 17 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1618 Missouri Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lula Cramer

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 10, 1881 (Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 30 If less than one day hr. min.

9. Birthplace Paola, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name March Tallmon
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Clending
15. Birthplace Kansas (City, town, or county) (State or foreign country)

16. (a) Informant George Cramer

(b) Address Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-40 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Thornhill. Dillon

(b) Address Joplin Mo 372

19. (a) 8-16-40 (Date received local registrar) (b) Ed D Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th year 1940 hour 9:10 minute a.M.

21. I hereby certify that I attended the deceased from Aug. 1, 1940 to Aug. 9th, 1940, to —, 19__, that I last saw her alive on Aug. 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Pulmonary tuberculosis

Due to

Due to

Other conditions Bronchial Asthma (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not made

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? — (Specify type of place)

(e) Was at work? (f) Means of injury

23. Signature W B Chapman (M. D. or other)

Address Joplin, Mo Date signed 8/10/40

(Licensed Embalmer's Statement on Reverse Side)

40-9-365

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo

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

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