

S. No. 2
11-10-39
5-17-39
I X21432

FILED OCT 10 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32299

Registration District No. 411 Primary Registration District No. 2002 5-5-69 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin--Rural
(c) Name of hospital or institution: Bacon Ridge
(d) Length of stay: In hospital or institution 20
In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin---Rural
(d) Street No. Bacon Ridge
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Myrtle Foote

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 Andrew Foote 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feb. 22, 1885

8. AGE: Years Months Days If less than one day
55 6 13 hr. min.

9. Birthplace New Albany, Kansas

10. Usual occupation Housewife

11. Industry or business -----

12. Name Andrew Clarke

18. Birthplace Iowa

14. Maiden name Annie Doty

15. Birthplace Illinois

16. (a) Informant Andrew Foote

(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof 9-7-40

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

19. (a) 9-7-40 (b) Ed D. James

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th
year 1940 hour 9:40 minute PM M.

21. I hereby certify that I attended the deceased from Sept. 1, 1940 to Sept. 4, 1940
that I last saw her alive on Sept. 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Secondary Anemia

Due to Cause unknown
believed due to worms.

Due to (found small round worms)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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?

(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 Ed D. James (M. D. or other)
Address Joplin, Mo Date signed 9-5-40

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Don Petrick

Licensed Embalmer No.....

4008

P. O. Address.....

Joplin

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.