

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wasper
(b) City or town Wesplan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 weeks
(Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee
(c) City or town Baxter Springs - R. P. I.
(If outside city or town limits, write "RURAL")
(d) Street No. R.P.I.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 150 years

3. (a) PRINT FULL NAME Mrs. Alice Heyley Paxson

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife wife of Charles 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April 13 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 47 7 11 hr. min.

9. Birthplace State of Washington
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name M. J. A. Heyley

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

14. Maiden name Eva Hunt

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

16. (a) Informant Mrs. Mary Duff

(b) Address Baxter Springs - Mo

17. (a) Removal (b) Date thereof 11/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baxter, Cemetery

18. (a) Signature of funeral director HARVEY'S ALMAHIVE
(b) Address Baxter Springs Mo

19. (a) 11-29-40 (b) A. B. Jarney
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1940 hour _____ minute A M.

21. I hereby certify that I attended the deceased from Aug 24
1940 to Nov 24 1940
that I last saw he alive on Nov 24 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of gall bladder
Due to and liver

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations as above
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? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
372
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edw. H. Newell (M. D. or other) NA
Address Jackson, Mo. Date signed 11/26/40

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

2
17-39
X21492

Monday

FILED DEC 10 1940

MOTHER FATHER

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

J. F. Moore

Embalmer 2880

Registered Apprentice No.

working under my personal supervision.

[Handwritten signature]

Signed *A. R. Harvey*

Licensed Embalmer No. *2783*

P. O. Address *Boston Spout St*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38889

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

LOWENA MOORE
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:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Alice Hegley Parson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH Month 11 day 24 year 1946 hour _____ minute _____ M.

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased _____ (Month) (Day) (Year)

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

8. AGE: Years 47 Months 7 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of Gall Bladder and liver Duration 26

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

Due to probab. him in liver - 46

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

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

16. (a) Informant _____ (b) Address _____

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? _____

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

(c) Place: burial or cremation _____

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

18. (a) Signature of funeral director _____ (b) Address _____

23. Signature E E moody (M. D. or other) _____
Address Joplin Mo Date signed _____

19. (a) _____ (b) _____ (Date received local registrar) _____ (Registrar's signature)

SUPPLEMENTAL COPY

S-38889