

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 411 Primary Registration District No. 2002

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. John's Hospital
(d) Length of stay: In hospital or institution 1 day
In this community 15 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carl Junction, Rural
(d) Street No. R F D 1
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Esther Louise Doke
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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 22, 1939
(Month) (Day) (Year)

8. AGE: Years 1 Months 3 Days 12
If less than one day hr. min.

9. Birthplace Carl Junction Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

12. Name G. S. Doke

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

14. Maiden name Opal Wright
15. Birthplace Smithfield, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant G. S. Doke
(b) Address Carl Junction, Mo.

17. (a) Removal (b) Date thereof Dec. 4, '40.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill, Galena, Kas

18. (a) Signature of funeral director Lanpher Mortuary
(b) Address Joplin, Missouri

19. (a) 12-3-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec, day 3rd
year 1940 hour 9:15 minute a.m.

21. I hereby certify that I attended the deceased from Dec 2, 1940 to Dec 3, 1940
that I last saw her alive on Dec 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary edema
Due to Cancer (lung)
Other conditions
Major findings:
Of operations
Of autopsy

Duration 2 1/2
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature [Signature] (M. D. or other)
Address Joplin, Mo. Date signed 1/2

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

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. *21319*
P. O. Address *Joplin Mo*

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.