

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2961

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

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: Saint John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-12-41 to 1-17-41
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee
(c) City or town Baxter Springs Kansas, R. #3
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location) 2
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1941 hour 9:15 minute _____ M.

21. I hereby certify that I attended the deceased from 1-11 1941 to 1-17 1941
that I last saw her alive on 1-17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction, chr.
Due to Sup
Due to Septic upper Resp
Other conditions (Include procedure 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?
372 While at work? (Specify type of place) _____ (e) Means of injury _____
23. Signature [Signature] Date signed 1/17/41
Address 616 [Address]

8. (a) PRINT FULL NAME Mrs Minna Lawrence

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife 7 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 11, 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 62 Days 8 6 If less than one day _____ hr. _____ min.

9. Birthplace Heartville, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business _____

12. Name Unknown Bane

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

14. Maiden name Elizabeth Unknown

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

16. (a) Informant Ray Hensley

(b) Address 15th Furnace, Joplin, Mo.

17. (a) Removal (b) Date thereof 1-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation park, carthage

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 1-17-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

19
2
5

41-2-161

JUN 29 1949

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.....

P. Earl Fromm

....., Registered Apprentice No.....

working under my personal supervision.

Signed *P. Earl Fromm*

Licensed Embalmer No. *875*

P. O. Address *Picher, Okla*

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.

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