

No. 2
4-13-40
5-17-39
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DEPARTMENT OF THE COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7237

State File No. _____

REC'D MAR 17 1941

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: St. Johns Hospital; 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Hours. (Specify whether
In this community 4 Hours.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin Missouri 5
(If outside city or town limits, write "RURAL")
(d) Street No. 2626 Pa. Ave;
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 No 0 years.

3. (a) PRINT FULL NAME Julia B. Eckart.

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

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

6. (b) Name of husband or wife Harry Eckart. 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Jan. 5, 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 0 Days 26 If less than one day
hr. min.

9. Birthplace Wyandotte Okla;
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Home

12. Name Robert H. Brown.

13. Birthplace Mo; 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary F. Ryan.

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Eckart

(b) Address 2626 Pa. Ave; Joplin Mo;

17. (a) Burial (b) Date thereof Feb. 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osark Memorial Park

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Missouri

19. (a) 2-3-41 (b) Ed D. James
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. 1, day 1941.
year 8-45 P.M. hour minute M.

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

Immediate cause of death Cerebral hemorrhage 4 hrs
Duration

Due to _____

Due to 430

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) no

(b) Date of occurrence 2

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

23. Signature Ed D. James (M. D. _____) 0
Address 616 Finco Bldg Joplin Mo. Date signed 2-3-41

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

19
2
5

AUG 22 1950

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 *Sam E. Sweeney*

Licensed Embalmer No. *4099*

P. O. Address *Johns Ma.*

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.