

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10999

State File No. \_\_\_\_\_

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: 1609 RIRD ST. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. NONE  
(Specify whether years, months or days)  
In this community. 2 WEEKS

3. (a) PRINT FULL NAME ADA ELIZABETH CARTER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased Sept. 28 - 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>77</u>	<u>77</u>	<u>5</u>	<u>24</u>	hr. min.

9. Birthplace NORTH MISSOURI 0  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business RETIRED

MOTHER FATHER {  
12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Elbert  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Ed James  
(b) Address 1609 RIRD.

17. (a) Burial (b) Date thereof 3-24-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SPRINGFIELD MO.

18. (a) Signature of funeral director Thurlock  
(b) Address 212 Joplin St. Joplin Mo

19. (a) 3-22-41 (b) Ed James  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County GREENE <sup>39</sup>  
(c) City or town SPRINGFIELD <sup>2</sup>  
(If outside city or town limits, write "RURAL") <sup>6</sup>  
(d) Street No. No RECORD  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? No 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 14, 1941, to March 20, 1941,  
that I last saw her alive on March 20, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Atherosclerosis  
Due to Myocarditis, Cholesterol plaques  
Due to Diabetes

Other conditions (Include pregnancy within 3 months of death) bl  
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? 377  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Ed James (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed *Sam E. Sinsenz*

Licensed Embalmer No. *4099*

P. O. Address *Joplin Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**