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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: **1807 Sergeant Ave.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
In this community **2 Years**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **1807 Sergeant Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **No** years.

3. (a) PRINT FULL NAME **Miss. Lutitia Standley**
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 **Single**
6. (b) Name of husband or wife **No**
6. (c) Age of husband or wife if alive **No** years
7. Birth date of deceased **MARCH 1 1897**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **19**
year **1941** hour **6** minute **30 P.M.**
21. I hereby certify that I attended the deceased from **March 16**, 19**41**,
to **March 19**, 19**41**;
that I last saw her alive on **March 18**, 19**41**,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 0 18 hr. min.

Immediate cause of death **Congestive Heart Failure** Duration **2 yrs**
Due to **Arteriosclerosis**
Due to **Arteriosclerosis**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace **Sarcoxie Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Seamstress**
11. Industry or business
12. Name **William B. Standley**
13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Melissa Osborn**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant **Cora Standley**
(b) Address **1807 Sergeant Ave Joplin Mo**
17. (a) **Burial** (b) Date thereof **3-21-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sarcoxie Cemetery**
18. (a) Signature of funeral director **Hurlbert Undert Co.**
(b) Address **212 Joplin St. Joplin, Mo.**
19. (a) **3-21-41** (b) **Ed S James**
(Date received local registrar) (Registrar's signature)

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?
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While at work? (Specify type of place) (c) Means of injury
23. Signature **Wm J. James** (M. D. or other) **Wm. D.**
Address **Frisco Bldg - Joplin** Date signed **3-20-41**

41-4-372

JUL 1 1941

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.....

Perry K. Schulz

Licensed Embalmer No.....

95-9

P. O. Address.....

Open me

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.