

No. 2
1-4-41
17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25316**

AUG 14 1941
Registration District No. **711**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours
(Specify whether years, months or days)

In this community 14 years

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. 2121 Moffet
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MAXINE TRESSA TANNOUS

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1941 hour 8:45 minute 0 P. M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____

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 Dec 5 1915
(Month) (Day) (Year)

that I last saw h. Deceased or her on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>25</u>	<u>7</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death Internal hemorrhage from auto accident. Head lacerated on right side. Pelvis fractured. She was riding in truck which collided with sedan.

Due to _____

Due to _____

9. Birthplace Pittsburg Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

Other conditions (include pregnancy within 3 months of death) None

MOTHER FATHER

12. Name William Tannous

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

14. Maiden name Mary Joseph

15. Birthplace Beirut, Syria
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ruth Tannous

(b) Address Joplin, Mo.

17. (a) Removal (b) Date thereof 7-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg, Kans.

18. (a) Signature of funeral director Thomhill Dellow

(b) Address Joplin, Missouri

19. (a) 7-24-41 (b) Ed D. Jarnoz
(Date received local registrar) (Registrar's signature)

Major findings: None

Of operations _____

Of autopsy None

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) Accident, 22

(b) Date of occurrence July 23, 1941

(c) Where did injury occur? Joplin Jasper Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Street crossing.
(Specify type of place)

While at work? _____ (e) Means of injury Car

23. Signature R. A. Webster (M. D. or other) Coroner

Address Carthage Mo. Date signed July 24

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

41-8-685

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..... *David Dillon*.....

Licensed Embalmer No..... *3898*.....

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.