

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25326

FILED 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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
309 North Connor
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 42 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. 309 North Connor
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No 0

3. (a) PRINT FULL NAME Clara B. Perry

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

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased February 21 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1941 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from July 10 to July 11, 1941
that I last saw her alive on July 10, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Jones County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Wm. Henry Tyron

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

14. Maiden name Sarah Hoover

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

16. (a) Informant Jesse S. Perry
(b) Address 1720 Paul Joplin Mo.

17. (a) Burial (b) Date thereof 7-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hurdenthal Co.
(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 7-11-41 (b) Ed J. Garrison
(Date received local registrar) (Registrar's signature)

Immediate cause of death Carcinoma of face
By manipulation of lip

Due to Carcinoma of face

Due to By manipulation of lip

Other conditions 45
(Include pregnancy within 3 months of death)

Major findings: none
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) _____

(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?
While at work _____ (Specify type of place)
_____ (Cause of injury)

23. Signature [Signature] (M. D. or _____)
Date signed _____

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

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. Senevey Jr.*

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 comply with the above constitutes grounds for revocation of license.)

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