

No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42194

State File No.

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH: **Jasper**
 (a) County.....
 (b) City or town..... **Joplin**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution..... **Freeman Hospital 0**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **11 days**
 In this community..... **41 years**
 years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... **Missouri** (b) County..... **Jasper** 4/9
Joplin 2
 (c) City or town..... (If outside city or town limits, write "RURAL") 5-
1831 Byers
 (d) Street No..... (If rural, give location)
 (e) If foreign born, how long in U. S. A.?..... 0 years.

3. (a) PRINT FULL NAME **Minnie M. Zaun**
 (b) If veteran, name war.....
 (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec.** day **27**
 year **1941** hour **12:00** minute **noon** M.

4. Sex **Female** / 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **George W. Zaun**
 6. (c) Age of husband or wife if alive **71** years

21. I hereby certify that I attended the deceased from **12-16**, 1941, to **12-27**, 1941
 that I last saw him alive on **12-27**, 1941; and that death occurred on the date and hour stated above.

7. Birth date of deceased **January 27, 1875**
 (Month) (Day) (Year)

8. AGE: Years **65** Months **11** Days **0** If less than one day hr. min.

Immediate cause of death
Old, Prionosis, Paralytic Illness of throat and lungs
 Due to **Valvular and adhesions**
 Due to

9. Birthplace **Cuba** / **Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At home**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name **W. W. Hopkins**
 13. Birthplace **Covington / Kentucky**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Whitaker**
 15. Birthplace **Cincinnati / Ohio**
 (City, town, or county) (State or foreign country)

Major findings: Of operations
 Of autopsy
122 B 2
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **George W. Zaun**
 (b) Address **1831 Byers, Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **12-30-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Ozark Memorial Park**

18. (a) Signature of funeral director **Lanpher Mortuary**
 (b) Address **Joplin, Missouri**

19. (a) **12-29-41** (b) **W. S. Jennings**
 (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?
 While at work (Specify type of place) (e) Means of injury **D**

23. Signature **J. A. [Signature]** (M. D. or D. O.)
 Address **Joplin** Date signed **12-29-41**

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

19
2
5

42-1-1153

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.....

F. M. Jones

Licensed Embalmer No. *2319*

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.