

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42209

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: ST. JOHNS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 HRS.
(Specify whether years, months or days)

In this community 4 MONTHS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JASPER

(c) City or town JOPLIN
(If outside city or town limits, write "RURAL")

(d) Street No. 711 W. AVE.
(If rural, give location)

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

3. (a) PRINT FULL NAME FUSSIE ARNETT

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23
year 1941 hour 4 minute A M.

4. Sex FE. 5. Color or race W.

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

6. (b) Name of husband or wife LAWRENCE

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased 7 1907
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-18, 1941, to 12-22, 1941; that I last saw him alive on 12-22, 1941; and that death occurred on the date and hour stated above.

8. AGE	Years	Months	Days	If less than one day
<u>about</u>	<u>34</u>			hr. min.

Immediate cause of death Pulmonary Lobes pneumonia

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

9. Birthplace MADISON CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

Major findings: Of operations 108

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name LEE SKAGGS

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

14. Maiden name JULIA

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

16. (a) Informant Lawrence Arnett

(b) Address Frederick, Mo

17. (a) BURIAL (b) Date thereof 12/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FREDRICK MO

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Fredrick U. Co

(b) Address Joplin Mo

19. (a) 12-23-41 (b) Ed B. Janning
(Date received local registrar) (Registrar's signature)

While at work? 0 (Specify type of place)

(c) Means of injury 0

23. Signature Jasper (M. D. or other) 1

Address Joplin Date signed 12-23-41

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

49
2
5

49
2
5

42-1-1145

JAN 28 1942

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 Steve D. Parker

Licensed Embalmer No. 2548

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.