S. No. 2
I—1-4-41
. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2589

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

Detar Office

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin Ct.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community ... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1705 Annie Baxter 5
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME Mary Alice Stanley
3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex Female
5. Color or race White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 21
6. (b) Name of husband or wife ...
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased September (Month) 3rd (Day) 1855 (Year)

8. AGE: Years	Months	Days	If less than one day
86	+	1	... hr. ... min.

9. Birthplace Morgan Co (City, town, or county) 1 Ohio (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ...
FATHER
12. Name Elwood Burges
13. Birthplace ... (City, town, or county) 1 Ohio (State or foreign country)
MOTHER
14. Maiden name Gaynor Ball
15. Birthplace ... (City, town, or county) 1 Ohio (State or foreign country)
16. (a) Informant Mrs Susan Stanley
(b) Address Joplin, Missouri
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jan 7-1942 (Month) (Day) (Year)
(c) Place: ~~burial or cremation~~ Friends Com - Baxters pgs Kansas
18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin, Missouri
19. (a) 1-6-42 (Date received local registrar) (b) E D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 year 1942 hour ... minute ... M.
21. I hereby certify that I attended the deceased from 12/30/41 ... 19 ... to Jan. 4 1942; that I last saw her alive on Jan 4 -42 19 ...; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis & Bronchopneumonia
Coronary ascension
Due to Arteriosclerosis
Due to Senility
Other conditions Chr. Interstitial Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations ...
Of autopsy no
131a

Duration

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? ... (Specify type of place)
While at work? ... (e) Means of injury ...
23. Signature E Ernest Johnson (M.D. ~~or other~~)
Address 524-28 Frisco Date signed 1/6/42

(Licensed Embalmer's Statement on Reverse Side)

42-1-56

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 Cecil A. Thornhill

Licensed Embalmer No. 3890.

P. O. Address Joplin, Missouri

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.