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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41007

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 570

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: Dearfelt Of Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (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") 5
(d) Street No. 330 Patterson (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Shirley Marie Everett
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 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 18 (Day) 1942 (Year)

8. AGE: Years	Months	Days	If less than one day
		6	hr. min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER
12. Name Orville Everett
13. Birthplace Webb City (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Lillian Yeager
15. Birthplace Lincoln (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant Orville Everett
(b) Address 330 Patterson Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (Month) 26 (Day) 1942 (Year)
(c) Place: burial or cremation Forest Park Cem
18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City, Mo
19. (a) 12-24-42 (Date received local registrar) (b) Gertrude Dudhartter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1942 hour 410 minute a. M.
21. I hereby certify that I attended the deceased from Dec 18, 1942, to Dec 24, 1942 that I last saw her alive on Dec 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Anoxemia — Duration from birth

Due to Enlarged Thymus gland causing pressure on Trachea & Occluding Esophagus

Due to

Other conditions (Include pregnancy within 3 months of death) 64

Major findings: Of operations Gastrostomy for feeding Stomach normal (12-20-42)
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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature L. J. Marbaugh (M. D. or other) D.O.
Address Joplin Mo. Date signed 12-24-42

1204

(Licensed Embalmer's Statement on Reverse Side)

42-12-1073

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 Myself,

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.