

No. 2
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1-1-40
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 13 1940

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14545

Registration District No. 155

Primary Registration District No. 5578

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural - Joplin Twp.
(c) Name of hospital or institution R#1, Mt. City
(d) Length of stay: In hospital or institution (Specify whether)

In this community 1906 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Emma Christiana Fredrickson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Charles Fredrickson 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 17, 1890 (Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Seward (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

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

14. Maiden name

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

16. (a) Informant Charles Fredrickson

(b) Address R#1 Mt. City, Mo

17. (a) Burial (b) Date thereof Apr 7, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Mt. City and Co

(b) Address Mt. City, Mo

19. (a) Date received local registrar April 8, 1943 (b) Registrar's signature Mrs. Lillie Tash

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Mt. City
(d) Street No. R#1
(e) Citizen of foreign country? (Yes or No) No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1943 hour 12 minute 00 M.

21. I hereby certify that I attended the deceased from 10 1943 to 12 1943 that I last saw her alive on Jan 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Melanoma To Lung + Liver

Due to Melanoma Rt. gland

Due to Inguinal Lymph gland

Other conditions (Include pregnancy within 3 months of death)

Major findings: 55e

Of operations none

Of autopsy none

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

23. Signature Dr. J. M. D. (M. D. or other) MD. Address Joplin, Mo Date signed 4-8-43

1140 (Licensed Embalmer's Statement on Reverse Side)

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

43-4-379

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.