

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14589

State File No.

Registrar's No. 233

FILED MAY 13 1943

Registration District No. 156

Primary Registration District No. 2001

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:
224 1/2 Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 224 1/2 Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Flo Modlin

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elmer Modlin 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Nov. 16 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 5 5 hr. min.

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

10. Usual occupation housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Chas Kiper
13. Birthplace Washburn Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ella Bayles
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Modlin

(b) Address 224 1/2 Main Joplin Mo.

17. (a) burial (b) Date thereof 4 - 23, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin St. Joplin Mo.

19. (a) 4-21-43 (b) Hertend Susholter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1943 hour 6 minute 30A. M.

21. I hereby certify that I attended the deceased from 2-12 1943 to 4-20 1943

that I last saw her alive on 4-20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris
Coronary thrombosis Duration

Due to over work, missing a son with heart disease for 2 years -

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

Major findings: Of operations.....

Of autopsy.....

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 Ed J. James (M. D. or other)
Address Joplin Mo. Date signed 4-21-43

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

43-4-414

APR 11 1970
JONES

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.