

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18098**
Registrar's No. **291**

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED JUN 10 1943
Registration District No. **150**

Primary Registration District No. **2001**

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

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **45 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(d) Street No. **2643 E. 3rd.**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Emma R. Dayton**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **20** year **1943** hour **9** minute **15 P.M.**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 12 1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 1943** to **May 20 1943** that I last saw her alive on **May 20 1943** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 **8** hr. min.

Immediate cause of death _____
Due to **Chronic Valvular Heart**
Due to **Unknown**

9. Birthplace **Greenfield Ill.**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Wm. Evans**
13. Birthplace **Greenfield, Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Lizzie Bennett**
15. Birthplace **Greenfield, Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. L.R. Snodgrass**
(b) Address **2643 East 3rd.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-22-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **Forest Park**

18. (a) Signature of funeral director **Parker-Hunsaker**
(b) Address **Joplin, Missouri**

19. (a) **5-21-43** (Date received local registrar) (b) **Herta Susholtz** (Registrar's signature)

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. E. H. Myers, M.D.** (M. D. or other)
Address **706 Ohio Trust Bldg Joplin Mo**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

42-5-473-

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.