

S. No. 2
M-542
5-17-39
1 X3253

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21623

State File No.

Registrar's No. 319

FILED JUN 24 1943

Registration District No. 756

Primary Registration District No. 2001

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

549

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution:
823 Mo. Avenue
(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

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 823 Mo. Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

49
3
5

3. (a) PRINT FULL NAME Charlotte Maurice Greenlee

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 2 1943
(Month) (Day) (Year)

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

9. Birthplace Joplin Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Infant

12. Name Maurice Greenlee

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

14. Maiden name Charlotte Arnce

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

16. (a) Informant Maurice Greenlee

(b) Address 823 Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 6 3 43
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview

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

(b) Address Joplin, Missouri

19. (a) 6-3-43 (Date received local registrar)

(b) Hector S. Suddorth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1943 hour 2 minute E. A. M.

21. I hereby certify that I attended the deceased from 1:00 A.M. June 2, 1943, to 2:00 A.M. 1943
that I last saw her alive on June 2, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Duration 7 mos. 3 wks.

Due to 159

Due to

Other conditions Caput succedentum
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?

While at work? (Specify type of place)

(c) Means of injury

23. Signature H. M. Suddorth (M. D. or other)

Address Joplin Mo. Date signed 6-3-43

1204

(Licensed Embalmer's Statement on Reverse Side)

45-6-503

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. *7319*

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.