

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21665

State File No.

Registrar's No. 361

Registration District No. 756

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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day
(Specify whether years, months or days)

In this community always

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Lamar Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alta May Shaw

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 M.

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

7. Birth date of deceased Feb. 11 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Jacob G. Bradbury

13. Birthplace Unknown Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Harris

15. Birthplace Unknown - 9
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Beagles

(b) Address Joplin

17. (a) Removed (b) Date thereof 6/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamar, Mo.

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

(b) Address Joplin, Missouri

19. (a) 6-29-43 (b) Gustav Sudhoefer
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from: 6/27 1943 to 6/28/43

that I last saw her alive on 6/28/43

and that death occurred on the date and hour stated above. Immediate cause of death Lobar Pneumonia

Due to Coronary occlusion

Due to Myocardial insufficiency

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

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 E. E. Johnson M.D. (D. or other)

Address 617 E. view Bldg. Date signed 6/29/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

48-6-551

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 Steve D. Parker
Licensed Embalmer No. 2548
P. O. Address 901 E. 1st St

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.