

28442

S. No. 2
DOM-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED. SEP 13 1943

Primary Registration District No. 2001

Registrar's No. 477

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution:
1729 1/2 Main /
(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

(d) Street No. 1729 1/2 Main

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

If yes, name country _____

3. (a) PRINT FULL NAME Lucille Barber

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 Bailey

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept 10 1888

8. AGE:

Years	Months	Days	If less than one day
54	11	12	_____ hr. _____ min.

9. Birthplace Goodman Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel Lallarr

13. Birthplace Unknown Mo.

(City, town, or county) (State or foreign country)

14. Maiden name Martha Riggs

15. Birthplace Unknown Mo.

(City, town, or county) (State or foreign country)

16. (a) Informant Pailey Barber

(b) Address 1729 1/2 Main

17. (a) Burial (b) Date thereof 8/25/43

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

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

(b) Address Joplin, Missouri

19. (a) 8-25-43 (b) Yestuda Sudhoffer

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 22

year 1943 hour 12 minute 25 p.m.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw h. alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death: *Cardiac Arrest*

Due to _____

Due to _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

Duration

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)

(e) Means of injury _____

23. Signature: *Alfred Begeth* M.D. or other _____

Address: *2114 Joplin* Date signed: *8/23/43*

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

MOTHER FATHER

43-8-749

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.