

3. No. 2  
1-5-42  
5-17-33  
X 2217

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31903

State File No. ....

OCT 13 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 533

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 1 week  
(Specify whether  
In this community 10 months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049  
(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL") 5  
(d) Street No. 520 N. Moffett  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Angy Wing

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

7. Birth date of deceased April 7 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 5 11 hr.        min.

9. Birthplace Isdale Ill. I  
(City, town, or county) (State or foreign country)

10. Usual occupation Worked at Radio Station

11. Industry or business

12. Name Frank Redmond

13. Birthplace Springfield, Ill. I  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Henfield

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

16. (a) Informant Bill Wing Jr.

(b) Address Miami, Oklahoma.

17. (a) Burial (b) Date thereof 9/20/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cem. Carthage

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

(b) Address Joplin, Missouri

19. (a) 9-20-43 (b) Gettude Sushalter  
(Date received local registrar) (Registrar's signature)

1284 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18  
year 1943 hour 4 minute 20 a. m.

21. I hereby certify that I attended the deceased from 11/12, 1943 to 9-18, 1943;  
that I last saw her alive on 9-17, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction 4 days  
(Atherosclerosis)

Due to Exhaustion of the fibrous uterus 4 days

Due to Sepsis sent

Other conditions 30 g  
(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 Gettude Sushalter (M. D. or other) md  
Address Joplin, Mo Date signed 9/18/43

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

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

MOTHER FATHER

43-9-811

JAN 28 1947

MAR 21 1950

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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. *2519*  
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.**