

No. 2  
5-42  
5-17-39  
1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11282

State File No. ....

FILED APR 12 1944  
Registration District No. 2001

Primary Registration District No. 2001

Registrar's No. 162

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. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 hours  
(Specify whether  
In this community 45 years  
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. 306 Pearl  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country J

3. (a) PRINT FULL NAME

Marie Whitwell

(b) If veteran, name war.....

(c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Bert Whitwell 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased February 2, 1880  
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Louisville Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name No record  
13. Birthplace No record 9  
(City, town, or county) (State or foreign country)  
14. Maiden name No record  
15. Birthplace No record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Broekelore

(b) Address Diamond Mo

17. (a) Burial (b) Date thereof 3-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Missouri

19. (a) 3-25-44 (b) Gettusa Suedhalla  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1944 hour 6:00 P. M. minute..... M.

21. I hereby certify that I attended the deceased from Mar. 23  
1944, to Mar. 24 1944  
that I last saw her alive on Mar. 24 - 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Labar pneumonia Duration

Due to.....

Due to.....

Other conditions (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) (e) Means of injury.....

23. Signature G. B. Cook (M. D. or other)

Address Joplin Mo Date signed 3-21-44

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

44-3-267

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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 *Ferry K. Hurlbut*

Licensed Embalmer No. 959

P. O. Address *Japan Moos*

**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.**