. S. No. 2
DM—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1944

Registration District No. 120

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24953

Primary Registration District No. 2001

Registrar's No. 347

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 3 days (Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town New Addition north of Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mamie Wald

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry Wald

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 4, 1899
(Month) (Day) (Year)

8. AGE: Years 45 | Months 3 | Days 7 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Richard Mosley
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name M. A. Mosley
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Henry H Wald
(b) Address R 1 Joplin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-44 (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Missouri

19. (a) 7-15-44 (Date received local registrar) (b) Gertrude Sandhorter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1944 hour 11:10 P. M. minute ___ M.

21. I hereby certify that I attended the deceased from June 12, 1944 to July 12, 1944
that I last saw her alive on 7/12, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	4 Days
Due to Hypertension	1 Day
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
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: no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address [signature] Date signed 7/15/44

1204

(Licensed Embalmer's Statement on Reverse Side)

44-6-588

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed [redacted], or by Richard Gray Lewis, Registered Apprentice No. 365, working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.