

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34477

State File No. ....

FILED OCT 23 1944

Registration District No. 2001

Primary Registration District No. 2001

Registrar's No. 470-1

9  
512

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. John's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Ottawa 999

(c) City or town Picher 34  
(If outside city or town limits, write "RURAL")

(d) Street No. 206 S. Netta  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Virginia Lee Pathkiller

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased July 30, 1944  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>1</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Warren Pathkiller

13. Birthplace Proctor Oklahoma  
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Lee Sawvel

15. Birthplace Grove Oklahoma  
(City, town, or county) (State or foreign country)

16. (a) Informant Warren Pathkiller

(b) Address Picher Oklahoma

17. (a) Removal (b) Date thereof 9/28/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East of Grove, Okla.

18. (a) Signature of funeral director Walter Howard

(b) Address Picher Okla

19. (a) 10-5-44 (b) Gertrude Pathkiller  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26  
year 1944 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 9-24-44 to 9-26-44 19\_\_\_\_  
that I last saw her alive on 9-24-44 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Gastro-Enteritis 3 wks

Due to Dehydration 3 days

Due to Amblyopia 3 days

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Walter Howard (M. D. or other) \_\_\_\_\_  
Address Picher Mo Date signed 10-5-44

44-10-934

**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.....

Licensed Embalmer No. 850

P. O. Address Picher Okla

**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.