

S. No. 2
DM-8-43
v. 5-17-39
-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 28 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 546

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:
1406 1/2 Main Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. 1406 1/2 Main
(If rural, give location)

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

3. (a) PRINT FULL NAME Grace Everhart

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 widowed

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

7. Birth date of deceased July 23, 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12
year 1944 hour 1:00 minute 20 A.M.

21. I hereby certify that I attended the deceased from April, 1941, to Nov 12, 1944
that I last saw her alive on Nov 11, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 3 20 hr. min.

9. Birthplace McCune Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business.....

12. Name William Hoover

13. Birthplace Canada 1
(City, town, or county) (State or foreign country)

14. Maiden name Martha Logan

15. Birthplace Washington county, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Harris
(b) Address 1406 1/2 Main, Joplin, Missouri

17. (a) burial (b) Date thereof 11/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 11-15-44 (b) Arthur M. Hoover
(Date received local registrar) (Registrar's signature)

Immediate cause of death Lymphosarcoma Duration 3 1/2 yrs

Primary lesion was in submaxillary glands and cervical glands, primarily lymphatic system, liver and spleen

Other conditions and spleen
(Include pregnancy within 3 months of death)

Major findings: Diagnosis confirmed by biopsy of Barnes Hospital, St. Louis, Mo

Of operations.....
Of autopsy 552

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) While at work?..... (e) Means of injury.....

23. Signature: W. Hoodland (M. D. or other)
Address Joplin Mo Date signed 11/13/44

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

1204

44-11-948

JUN 28 1948

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.