

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2487
Registrar's No. 628

FILED JAN 16 1945
Registration District No. 86

Primary Registration District No. 2001

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:
Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week 0
(Specify whether
In this community 50 yrs
years, months or days)

3. (a) PRINT FULL NAME Jennie Evelyn Arnce
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex fem 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 June 11, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 17 _____ hr. _____ min.

9. Birthplace Marys Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant James Arnce
(b) Address 808 Mo. Joplin Mo.
17. (a) burial (b) Date thereof 12, 30th 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemetary
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin St. Joplin Mo
19. (a) 12-29-44 (b) Jessie S. Shorter
(Date received local registrar) (Registrar's signature)

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")
(d) Street No. 808 Missouri 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1944 hour 12 minute 10P. M.

21. I hereby certify that I attended the deceased from 7-1, 1944, to 12-28, 1944
that I last saw h. er alive on 12-28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death, Carcinoma
involving gall bladder
line stomach - Duration
Due to Presny rate probably
stomach
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 46
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death 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 E. J. Arnce (M. D. or other)
Address Joplin Mo Date signed 12-29

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

19
2
5

1204

41

44-12-1072

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 Steve Parker

Licensed Embalmer No. 2547

P. O. Address 201 E. 1st St

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.