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5-17-39  
X33697

FILED **JUL 28 1945**

Primary Registration District No. **2001**

Registrar's No. **319**

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:  
**2308 W. Fourth Street /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **35 years**  
years, months or days (Specify whether)

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. **316 E. Fifth Street**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Emeline Strother**

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 **Frank Strother** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **July 8, 1853**  
(Month) (Day) (Year)

8. AGE: Years **92** Months **0** Days **7** If less than one day, hr. min.

9. Birthplace **High Point Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business.....

12. Name **W. Y. Elliott**  
13. Birthplace **not known**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Price**  
15. Birthplace **Morgan county Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Myrtle Wells**  
(b) Address **2308 W. 4th, Joplin, Missouri**

17. (a) **burial** (b) Date thereof **7/17/45**  
(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, Missouri**

19. (a) **7-17-45** (b) **Gettens**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15**  
year **1945** hour **11** minute **A** M.

21. I hereby certify that I attended the deceased from **7-10**, 19**45**, to **7-15**, 19**45**  
that I last saw **her** alive on **7-15**, 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration  
**fracture of skull left femur** 7-6-45  
Due to **chronic myocarditis**  
Due to **terminal pneumonia** 2 days

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

Major findings: Of operations..... Of autopsy.....  
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED  
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)..... **122**  
(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.....  
Signature **Walter H. ...** (M, D, or other)  
Address **Joplin Mo** Date signed **7/17/45**

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

45-7-593

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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 *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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 449  
Registrar's No. 319

Registration District No. 10-6 Primary Registration District No. 2001

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:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Emeline Strother

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased July 8 (Month) (Day) (Year)

8. AGE: Years 92 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (Date received local registrar) (b) \_\_\_\_\_ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 10 Year 1945 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above; immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_ fell 7-6-45 in own home

Due to \_\_\_\_\_ slipped on stove

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_ 186w's 18

SUPPLEMENTARY INFORMATION REQUESTED

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 \_\_\_\_\_ (M.D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

S-24254