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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED DEC 3 1945

Registration District No. 156

Primary Registration District No. 3001

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 50 years
(years, months or days)

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. 2620 Zora
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Georgia Flynn

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, widowed 2
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 29 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 5 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name James Friend

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

14. Maiden name Temple Reynolds

15. Birthplace Marshfield Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maude Staves

(b) Address 2620 Zora, Joplin, Mo

17. (a) Burial (b) Date thereof 11-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Memorial

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 11-23-45 (b) Ed Osborn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 16
year 1945 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from 19 to 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (M. D. or other)

23. Signature A.W. Purcell (M. D. or other)
Address 2114 Joplin Date signed 11/23/45

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

1404

(Licensed Embalmer's Statement on Reverse Side)

45-11-905

JUN 4 1946

FEB 18 1946

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.