S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6569

FILED FEB 19 1946

Registration District No. ____ Primary Registration District No. 2 ... 1 Registrar's No. ____

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3415 Moffett (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether

In this community Life 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. 1332 Wisconsin (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

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3. (a) PRINT FULL NAME LAURA BELL MAYS

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 2

6. (b) Name of husband or wife Frank Mays

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

7. Birth date of deceased December 20, 1877 (Month) (Day) (Year)

8. AGE: Years 68 | Months 1 | Days 6 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Mays

(b) Address Joplin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-46 (Month) (Day) (Year)

(c) Place: burial or cremation Oronogo Cemetery

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Missouri

19. (a) 1-28-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26th year 1946 hour 12:30 minute 9 M.

21. I hereby certify that I attended the deceased from Did not attend 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to ____

Due to ____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Coroner Investigation

Duration

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)

While at work (e) Means of Injury 2

23. Signature D. W. Derfelt (M. D. or other) DO

Address 2114 Joplin Date signed 1/29/46

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(Licensed Embalmer's Statement on Reverse Side)

46-1-94

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 K. Lynn White

Licensed Embalmer No. 4240

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.