

S. No. 2
OM-2-43
v. 5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17042**

FILED MAY 22 1946
Registration District No. **136**

Primary Registration District No. **2001**

Registrar's No. _____

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: **St. John's Hospital,**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)

In this community **56 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. **720 Ohio**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jennie Young**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17**
year **1946** hour **6** minute **30 P.M.**

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 **November 9, 1862**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Apr 17** 19**46** to **Apr 17** 19**46**
that I last saw him or her alive on **Apr 17** 19**46**
and that death occurred on the date and hour stated above.

8. AGE: Years **83** Months **5** Days **18**
If less than one day _____ hr. _____ min.

Immediate cause of death **Lobar Pneumonia** **1 Day**

9. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation **Housewife**

Due to _____

11. Industry or business _____

Other conditions **108**
(Include pregnancy within 3 months of death)

12. Name **Blackmore**

Major findings: **108**
Of operations _____

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

Of autopsy _____

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Birdie Bacon**
(b) Address **2130 Picher, Joplin, Mo.**

22. If death was due to external causes, fill in the following:

17. (a) **Burial** (b) Date thereof **April 20, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____

(c) Place: burial or cremation **Fairview Cemetery**

(b) Date of occurrence _____

18. (a) Signature of funeral director **Parker-Hunsaker**

(c) Where did injury occur? _____
(City or town) (County) (State)

(b) Address **1502 Joplin, Joplin, Mo.**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

19. (a) **4-30-46** (b) **A. J. Jones**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **A. J. Jones** (M. D. or other) _____
Address **Joplin Mo** Date signed **4/19/46**

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

19
2
5
10023

46-4-378

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.