S. No. 2
0M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20770

FILED JUN 21 1946

Registration District No. 156 Primary Registration District No. 2 001 Registrar's No.

19
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

19642

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: Mrs. Jones 1809 Grand ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Days (Specify whether

In this community 8 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. 51 St Moffet (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Helen R. Sexton

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 —

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

7. Birth date of deceased February (Month) 21 (Day) 1872 (Year)

8. AGE: Years 74 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Picton Ontario (City, town, or county) Canada (State or foreign country)

10. Usual occupation

11. Industry or business Housewife

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

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

16. (a) Informant Mrs Tom Johnson

(b) Address 515 Moffet - Joplin, Mo

17. (a) Cremation (Burial, cremation or removal) (b) Date thereof May 31 1946 (Month) (Day) (Year)

(c) Place: burial or cremation H.W. Newcomer Funeral Home Kansas City, Mo

18. (a) Signature of funeral director Lonnie Dillon

(b) Address Joplin Mo

19. (a) 6-4-46 (Date received local registrar) (b) Ed Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1946 hour 10 30 minute P. M.

21. I hereby certify that I attended the deceased from 1 , 19 , to , 19 ; that I last saw her alive on May 28 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to: Hyperchromic anemia (Pernicious anemia) with	
Due to: Combined degeneration of spinal cord	more than 6 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 830

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 0

23. Signature W. W. Hirsch (M. D. or other) MD

Address 407 Joplin Natl Bank Bldg Date signed 6/3/46

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(Licensed Embalmer's Statement on Reverse Side)

46-5-497

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.....

Licensed Embalmer No. 3590

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.