

U. S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1503**

Registration District No. **156**

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:
Freeman Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 1/2 Days**
(Specify whether 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. **422 Florida**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Star Elaine Connely**

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** **chile**

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased **January 11 1947**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			1 1/2	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name **Leroy Connely**

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

14. Maiden name **Laura Herring**

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

16. (a) Informant **Mr. Leroy Connely**

(b) Address **422 Florida, Joplin, Mo.**

17. (a) Burial **(b) Date thereof** **1-13-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Park**

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

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

19. (a) 1-16-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **13**
year **1947** hour **6:15** minute **A** M.

21. I hereby certify that I attended the deceased from **1-11-47**
_____, 19____, to **1-13-47**, 19____;
that I last saw her alive on **1-13-47**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **erythroblastosis infantalis.**

Due to **mother's Rh. Pos. in father.**

Due to _____
Other conditions **161**
(Include pregnancy within 3 months of death)

Major findings: **none**
Of operations _____

Of autopsy **none confirming**
lab. findings

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) (Means of injury)

23. Signature **[Signature]** (M. D.) _____
Address **204 Wisconsin, Joplin** Date signed **1/14/47**

Duration _____
PHYSICIAN _____
Underline the cause to which death would be charged statistically.

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

19
2
5

108

47-1-55

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.