

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5210

FILED MAR 5 1947

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 928 Murphy
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months
In this community _____ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin
(If outside city or town limits, write "RURAL") 5

(d) Street No. 928 Murphy
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth A. Goad

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1947 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 5
1947 to Feb 6 1947
that I last saw her alive on Feb 5 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife _____

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

7. Birth date of deceased November 11 1865
(Month) (Day) (Year)

Immediate cause of death Coronary Heart Failure Duration Unknown

Due to Coronary renal disease

Due to _____

8. AGE: Years Months Days If less than one day

81 2 26 hr. min.

Other conditions Arteriosclerosis & thrombosis
(Include pregnancy within 3 months of death)

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

10. Usual occupation housewife

Major findings: Of operations _____

Of autopsy 930

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

11. Industry or business _____

12. Name Morgan Cochran

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

14. Maiden name Lovale Stinnett

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

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? 0

16. (a) Informant Mrs. Maude Wheeler

(b) Address 928 Murphy, Joplin, Mo.

17. (a) Removal (b) Date thereof 2-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain Home, Ark.

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

23. Signature Ed Stinnett (M. D. or other) _____
Address 628 1/2 Main St Date signed 2-7-47

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

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 2-11-47 (b) Ed Stinnett
(Date received local registrar) (Registrar's signature)

158 (Licensed Embalmer's Statement on Reverse Side) Joplin, Mo

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

MOTHER FATHER

47-2-135

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.