

U. S. No. 300  
OM-10-47  
Rev. 5-17-39  
I 3908

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26775

FILED SEP 1 1948

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

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

**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:  
1819 GRAND AVENUE  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community NO RECORD  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jasper 49  
 (c) City or town Joplin 2  
(If outside city or town limits, write "RURAL") 5  
 (d) Street No. 828 Illinois  
(If rural, give location) 0  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3: (a) PRINT FULL NAME** ALICE COURVOISIER  
 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 SINGLE  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased JULY 17 1872  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month 19th. day August  
 year 1948 hour 10 minute P. M.  
 21. I hereby certify that I attended the deceased from July 1 1948 to Aug 17 1948,  
 that I last saw her alive on Aug 17 1948,  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>1</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death  
Cerebrovascular lesion  
and blocked  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: H&P  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace No Record 9  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife  
 11. Industry or business \_\_\_\_\_  
 12. Name No Record 9  
 13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
 14. Maiden name No Record  
 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

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

16. (a) Informant O. A. Crume  
 (b) Address 1819 Grand Avenue, Joplin, Mo  
 17. (a) Burial (b) Date thereof 8-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Fairview, Joplin, Mo  
 18. (a) Signature of funeral director Parker-Hunsaker  
 (b) Address 1502 Joplin, Joplin, Mo  
 19. (a) 8-25-48 (b) Ed Janner  
(Date received local registrar) (Signature)

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 \_\_\_\_\_  
 23. Signature E. B. Coates (M. D. or other) \_\_\_\_\_  
 Date signed 8-21-48

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**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

*Josephine Ave*

**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.**