

JAN 12 1940

Registration District No. 411

Primary Registration District No. 2002

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: 920 Wall V
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 yrs. 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. 920 Wall (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME CELIA A. HINTON 535

8. (b) If veteran, name war _____ 8. (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 Marshall M. Hinton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 18 1855 (Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace De Kalb Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Jones

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

14. Maiden name Nancy M. Carmack

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

16. (a) Informant's own signature Victor J. ...
(b) Address 920 Wall

17. (a) Burial (b) Date thereof 12-20-39 (Month) (Day) (Year)
(c) Place: burial or cremation Funerary Cem. Joplin

18. (a) Signature of funeral director Hornbill Patton
(b) Address Joplin Mo

19. (a) 12-22-39 (b) Ed D. Jones (Date received local registrar) (Registrar's signature)

375 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1939 hour 1:50 minute 8 p.m. M.

21. I hereby certify that I attended the deceased from November 14, 1939 to December 17, 1939; that I last saw her alive on December 17, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 7 mos.
Due to From history had had
arterial wall 20 or 30 yrs

Due to _____
Other conditions 25
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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) X
(b) Date of occurrence X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X

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

23. Signature D. T. ... (M. D. or other) Med.
Address 617 Main, Joplin, Mo. Date signed 12-22-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6;

District File Number 140-184

Date Filed JAN 10 1940

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 David Dillon

Licensed Embalmer No. 3898

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, above space should be left blank.