

FILED FEB 19 1940

Registration District No. 74Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper 2
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1511 West "A" Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days) 14 yrs.

8. (a) PRINT FULL NAME Lucy B. Roberts 1638. (b) If veteran, name war None 8. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years7. Birth date of deceased February 4 1873
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 11 29 hr. min.9. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation House Duties 011. Industry or business None 912. Name Peter Brown 913. Birthplace Unknown 9
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Shank 9
(City, town, or county) (State or foreign country)15. Birthplace Pennsylvania 9
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Walter G. Roberts(b) Address 1511 West "A" Street17. (a) Burial (b) Date thereof 1-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation FAIRVIEW CEM.18. (a) Signature of funeral director Paul K. Hurdley(b) Address 212 Joplin St. Joplin, Mo.19. (a) 1-9-40 (b) Ed D. Kennedy
(Date received local registrar) (Registrar's signature)

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. 1511 West "A" Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1940 hour 5 minute 45 P. M.21. I hereby certify that I attended the deceased from Dec 30
1939, to Jan 6, 1940that I last saw her alive on Jan 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Chr. parenchymatous
nephritis ?Due to Chr. myocarditis ?

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy none

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)

_____ (Specify type of place)

23. Signature James A. Brown (M. D. or other) Jan 8Address 414 1/2 Main St. Date signed Jan 8

RECEIVED

District Health Officer No. 6,

District File Number 2410-545

Date Filed FEB 15 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 Sam E. Senevylle

Licensed Embalmer No. 4029

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.