

FEB 19 1940

Registration District No. 1046

Primary Registration District No. 5810

Registrar's No. _____

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 44th & Indiana
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution NO
In this community 40 YRS:
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON
(c) City or town JOPLIN MO:
(If outside city or town limits, write "RURAL")
(d) Street No. 44th AND INDIANA AVE:
(If rural, give location)
(e) If foreign born, how long in U. S. A.? NO years.

3. (a) PRINT FULL NAME SARAH C. DRAKE
(b) If veteran, name war NO
(c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN. 13 day 13 1940
year _____ hour _____ minute 8:45 P.M.

4. Sex FEM. 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BLUFORD C. DRAKE
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased NOV. 24, 1857.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 9, 1940 to Jan 13, 1940
that I last saw her alive on Jan 12, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 1 Days 19
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration four days

9. Birthplace MADISON CO: ARKANSAS
(City, town, or county) (State or foreign country)

Due to arteriosclerosis
Due to _____

10. Usual occupation HOUSEWIFE

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name ARTHUR L. NEAL
13. Birthplace TENN:
14. Maiden name TRITYA COUNT (State or foreign country)
15. Birthplace ARKANSAS (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Bluford Drake
(b) Address 44th INDIANA JOPLIN MO:
17. (a) BURIAL (b) Date thereof JAN. 15, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FOREST PARK CEMETERY:

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? _____

18. (a) Signature of funeral director HURLEUT UND. CO:
(b) Address JOPLIN MO:
19. (a) 1-16-40 (b) Ed D James
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Jachenoweth (M. D. or other) _____
Address Joplin Mo Date signed 1/16/40

WRITE LEGIBLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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 240-523

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. Sweeney

Licensed Embalmer No. 4099

P. O. Address.....

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.