

FILED MAR 11 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
(c) Name of hospital or institution: 1820 Grand 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dorothy Helen Pascoe

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color of race Wh
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 7 1940 years (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation child

11. Industry or business

MOTHER FATHER { 12. Name Odus Pascoe
13. Birthplace Gainesville Missouri (City, town, or county) (State or foreign country)
14. Maiden name Opal Thompson
15. Birthplace Apache Okla (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Odus Pascoe
(b) Address 1820 Grand, Joplin, Mo.

17. (a) Burial (b) Date thereof 2-12-40 (c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Reynolds Mortuary
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 2-12-40 (b) Ed D. James (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 1820 Grand
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 10 year 1940 hour 5:45 minute P M.

21. I hereby certify that I attended the deceased from 2-7-1940 to 2-10-1940 that I last saw her alive on 2-10-1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Premature 6 mos gestus

Due to 154

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature W. S. Chapman (M. D. or other) Address Joplin, Mo. Date signed 2/12/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
Rev. 5-17-39
1 X1931

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 340-722

Date Filed MAR 8 1940

STATEMENT BY LICENSED EMBALMER

prepared

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~examined~~ 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, above space should be left blank.