

43  
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 MARGIN RESERVED FOR BINDING  
 Rev. 5-17-39  
 I X1931

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 7630 Kalla St. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 73 years (Specify whether  
 In this community years, month(s) or days)

3. (g) PRINT FULL NAME Johana Medlin

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Sam Jones 6. (c) Age of husband or wife if alive Dead years  
 7. Birth date of deceased Jan 3 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Paul Haddock

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

14. Maiden name Harriet Crumley

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

16. (a) Informant's own signature Family

(b) Address Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-40 (Month) (Day) (Year)

(c) Place: burial or cremation Overtaken by car

18. (a) Signature of funeral director Thornhill - Della

(b) Address Joplin Mo.

19. (a) 2-5-40 (Date received local registrar) (b) M. D. Jones (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. 7630 Kalla St. (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1940 hour 4 min minute M.

21. I hereby certify that I attended the deceased from 11-9-39 and that death occurred on the date and hour stated above. 1939 11-11 1939  
 that I last saw him alive on 11-11-39

Immediate cause of death Pulmonary hemorrhage  
 Due to Pul. Stop.

Other conditions (Include pregnancy within 3 months of death)  
 Due to 78

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 M. D. Jones Date signed 2-5-40  
 Address Joplin

Duration  
 Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 6,

District File Number 340-713

Date Filed MAR 8 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.....

*Don Tetrick*

Licensed Embalmer No. 4018

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.