

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 6-17-39

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.

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 2119 Pennsylvania
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days) 18 years

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. 2119 Pennsylvania
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Laura Keller 460
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife V. O. Keller 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June 20, 1885
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name W. C. Dodge

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

14. Maiden name Laura Warden

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

16. (a) Informant's own signature Laura Keller

(b) Address Joplin, Mo.

17. (a) Beulah (Burial, cremation, or removal) (b) Date thereof 3-4-40 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Shornhill-Bella

(b) Address Joplin, Mo.

19. (a) 3-4-40 (Date received local registrar) (b) W. O. Jasper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1st year 1940 hour 9:45 minute _____ P. M.
21. I hereby certify that I attended the deceased from 2-14, 1940, to 3-1, 1940, that I last saw her alive on 3-1, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure (Chronic Myocarditis)

Due to Influenza and general infection of 6 or 7 years duration

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? 295

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

23. Signature M. S. Lovland (M. D. or other) _____

Address Joplin Mo Date signed 3-4-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 6,

District File Number 440-1019

Date Filed APR 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..... Don Petruck

Licensed Embalmer No. 4008

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.