

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:
821 N. John
 (If not in hospital or institution, give street number and location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days) 12 years

8. (a) PRINT FULL NAME Elizabeth Brown

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Charles W. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 22, 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 4 19 hr. min.

9. Birthplace Corning New York
 (City, town or county) (State or foreign country)

10. Usual occupation Evangelist

11. Industry or business _____

12. Name No Record

13. Birthplace No Record
 (City, town or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
 (City, town or county) (State or foreign country)

16. (a) Informant's own signature Mrs. W. S. Lawson

(b) Address 821 N. John, Joplin, Mo

17. (a) Burial (b) Date thereof 4-11-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Thomhill-Dillon

(b) Address Joplin, Mo 372

19. (a) 4-10-40 (b) _____
 (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. 101 1/2 Main
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
 year 1940 hour 6:15 minute 9 A.M.

21. I hereby certify that I attended the deceased from March 15, 1939 to April 10, 1940
 that I last saw her alive on April 7, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration 2 yrs

Due to _____

Due to _____

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)
 (a) Means of injury _____

23. Signature H. Verblew (M. D. or other) _____
 Address Joplin Mo Date signed 4-10-40

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

40-5-54

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 Petrick

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.