

MAY 13 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  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
710 W. Eleventh St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_ years, months or days) 11 8 4

3. (a) PRINT FULL NAME Elsa Cline  
 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 married  
 6. (b) Name of husband or wife Wagner 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan. 4, 1903  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
37 3 22 hr. min.

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

10. Usual occupation Housekeeper 9

## 11. Industry or business

12. Name Unknown 9  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown 9  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Family  
 (b) Address Coplin 7th.

17. (a) Burial (b) Date thereof 4-29-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Donald Piller

- (b) Address Joplin, Mo.

19. (a) 4-29-40 (b) Ed J. Janning  
 (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. 710 W. Eleventh St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 th  
 year 1940 hour 1:00 minute P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;

that I last saw her alive on April 26 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart  
Attack

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy Investigation

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

## 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?  
3670 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature D. H. Winchester (M. D. or other) Craver  
 Address Joplin, Mo. Date signed 4-26-40

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.