

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:
401 N. PEARL ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community Nine years.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JASPER
(c) City or town Joplin, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 401 N. PEARL
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Augusta Kennel

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 WIDOW

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

7. Birth date of deceased Nov - 29 1847
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>4</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name John Mouser.

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

14. Maiden name MARY JONES.

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

16. (a) Informant's own signature Thos H.E. Millap

(b) Address Joplin, Mo.

17. (a) BURIAL (b) Date thereof May 2 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron Mo.

18. (a) Signature of funeral director Thos Hill-Dillon McClann

(b) Address Joplin, Mo.

19. (a) A-30-40 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1940 hour NINE minute thirty 9.M.

21. I hereby certify that I attended the deceased from April 28
1940 and that death occurred on the date and hour stated above
and that I last saw her alive on April 28 1940

Immediate cause of death Myocarditis. Char
Serumity Hypertension etc.

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

Major findings: Of operations None
Of autopsy _____

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? _____

23. Signature [Signature] (Specify type of place) _____
While at work _____ (a) Manner of injury _____
Address [Address] (b) D. or other) _____
Date signed _____

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.

40-5-80

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. 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.