

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

1. PLACE OF DEATH:

(a) County Nevada Washington
 (b) City or town Nevada
 (c) Name of hospital or institution: State Hosp No 3
 (d) Length of stay: In hospital or institution 7 yrs 3 months
 In this community years, months or days

3. (a) PRINT FULL NAME Charity Jones Roy

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 Wm. Potter Roy 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 13 1853
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>7</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Blanche Jones

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

14. Maiden name Ester O'Neil

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

16. (a) Informant Rosal Reed

(b) Address Nevada

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/40 (Month) (Day) (Year)

(c) Place: burial or cremation Joplin Mo

18. (a) Signature of funeral director Wm. J. Cremer

(b) Address Joplin Mo

19. (a) 4/28/40 (Date received local registrar) (b) Allen V Hays (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (d) Street No. 812 Roosevelt Ave
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1940 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov. 15 1938 to April 28 1940; that I last saw him SC alive on April 28 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Lobar Pneumonia Duration 2 days
 Due to Fracture - neck of rt. femur 56 days
 Due to Generalized arteriosclerosis
 Senility
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____ 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) Accident

(b) Date of occurrence March 2, 1940

(c) Where did injury occur? Nevada (City or town) Nevada (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In State Hosp No 3

While at work? _____ (e) Means of injury Fall

23. Signature Wm. J. Cremer M.D. (M. D. or other)

Address Nevada Mo Date signed 4/28/40

RECEIVED

District Health Officer No. 7,

District File Number 5-40-740

Date Filed 5-6-40

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.....

Perry H. Whittell
959

Licensed Embalmer No.....

P. O. Address.....

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.