

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 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. 2002

Primary Registration District No. 2002

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:
2006 Porter Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 65 years
years, months or days

3. (a) PRINT FULL NAME ROXIE A JARRETT 630

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 Widowed
 6. (b) Name of husband or wife Harold C Jarrett 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 9 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>6</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business B

MOTHER FATHER
 12. Name John W. Wilson
 13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Estel Craig
 15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Family Records
 (b) Address _____

17. (a) Burial (b) Date thereof May 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Louise Mortuary
 (b) Address 1522 Joplin St. Joplin, Mo

19. (a) 5-20-40 (b) Ed H Jarrett
(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. 2006 Porter Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
 year 1940 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 8, 1940 to May 17, 1940
 that I last saw him alive on May 14, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Pulmonary T. B.</u>	<u>(?)</u>
Due to <u>Heart Failure</u>	
Due to _____	
Other conditions (include pregnancy within 3 months of death) <u>FD</u>	
Major findings: Of operations _____	PHYSICIAN _____ Underline the cause to which death should be charged statistically
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? 370

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

23. Signature J. A. Kenworthy (M. D. or other) _____
 Address Joplin Mo Date signed 5/20/40

40-6-131

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 F. M. Jones

Licensed Embalmer No. 2319

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.