

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

- (a) County Gasper  
 (b) City or town Joplin  
 (c) Name of hospital or institution St. John's Hospital  
 (d) Length of stay: In hospital or institution 1 hour

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME EMMA Mc CLOUD 243

8. (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 Walter Mc Cloud 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 20 1900  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 1 24 hr. min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant's own signature Lucille Ruffier

(b) Address 114 1/2 Main St Joplin Mo

17. (a) Burial (b) Date thereof Aug 14 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Laucher Mortuary

(b) Address 1502 Joplin St Joplin Mo

19. (a) 8-14-40 (b) Ed J. Janner  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Gasper  
 (c) City or town Joplin  
 (d) Street No. 114 1/2 Main St  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13  
 year 1940 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 40 to Aug 13 40  
 that I last saw her alive on Aug 13 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus

Due to Pelvic tumor

Due to 4yr recidivism

Other conditions 55%  
 (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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? 299

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

23. Signature H. W. L. L. L. (M. D. or other)

Address Joplin Mo Date signed Aug 14 40

Duration 2 hrs

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.

40-9-369

**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.**