

2-40
-39
23199

28792

State File No. _____

Registration District No. 5715 SEP 16 1940

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:
Range Line and Turkey Creek Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 3 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Fulton
(c) City or town Lewistown (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Arminda Childers 436

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased December 20 1847
(Month) (Day) (Year)

8. AGE: Years 93 Months 7 Days 27 If less than one day
hr. min.

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

10. Usual occupation Home

11. Industry or business Retired Housewife

12. Name Warfield 9

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Addie M. Ridpath
(b) Address Nebb City Mo. R# 1

17. (a) Burial (b) Date thereof 8-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)
Lewistown, Ill. Wright Cemetery

18. (a) Signature of funeral director Shurbutt and Co.
(b) Address 212 Joplin St. Joplin Mo.

19. (a) 8-17-40 (b) Ed J. Jarney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1940 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from AUG 1 - 1940 to AUG 16 - 1940
that I last saw him alive on aug 16 - 40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis

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

Major findings: Of operations _____
Of autopsy _____

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? 372

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature H. L. Wilber (M. D. or other) _____
Address Joplin Mo 4400 Date signed 8/17/40

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

40-9-374

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 *Sam E. Seneaney*

Licensed Embalmer No. *4099*

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, fact should be so stated above.