

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

2-40  
-39  
23159

**FILED SEP 16 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:  
1505 W. C St 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 2 mo.

3. (a) PRINT FULL NAME Tedra Ann Dewees 700

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

4. Sex Fem 5. Color or race W 6. (a) Single, widowed, divorced, single

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

7. Birth date of deceased June 30, 1940  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>1</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation \_\_\_\_\_

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

12. Name Floyd Dewees

13. Birthplace Seneca mo  
(City, town, or county) (State or foreign country)

14. Maiden name Clara Devillers

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

16. (a) Informant Floyd Dewees

(b) Address 1505, W. C. St. Joplin Mo.

17. (a) Burial (b) Date thereof Aug. 28,  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hornet Cemetery

18. (a) Signature of funeral director Hurlbut Un. Co.  
212 Joplin, St. Joplin Mo.

(b) Address \_\_\_\_\_  
19. (a) 8-28-40 (b) Ed Dewees  
(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. 1505, W. C. St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27  
year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 26, 1940, to Aug 28, 1940  
that I last saw her alive on Aug 26, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera, Infantis

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) (e) Means of injury \_\_\_\_\_

23. Signature Ed Dewees  
Address 601-2 Joplin St Date signed Aug 27 1940

**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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**