

Registration District No. **4-11**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(c) Name of hospital or institution: **Freeman Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Days**
In this community **One Week** (Specify whether years, months or days) **1**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**
(c) City or town **Portageville**
(If outside city or town limits, write "RURAL")
(d) Street No. **No Record**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **No** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **11th**
year **1940** hour **7:50** minute **A. M.**
21. I hereby certify that I attended the deceased from **Nov. 3** 19**40** to **Nov. 11th** 19**40**
that I last saw her alive on **Nov. 11th** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial infarction** **4 days**
Due to: **Typhoid of appendiceal abscess** **7 days**

Other conditions: **121**
Major findings: **Not operated**
Of operations: _____
Of autopsy: **None**

Duration
Physician
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Ida Scales**

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 **Widow**

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

7. Birth date of deceased: **September 1872**
(Month) (Day) (Year)

8. AGE: Years **68** Months **2** Days **9** If less than one day hr. _____ min.

9. Birthplace **O'Brien Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Edward Cain**

13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Jackson**

15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Louise Scales**

(b) Address **1530 Courser - Joplin Mo.**

17. (a) **Home** (b) Date thereof **11-12-40**
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **Wardell, Missouri**

18. (e) Signature of funeral director **Shelburne Co.**

(b) Address **212 Joplin St. Joplin, Mo.**

19. (a) **11-11-40** (b) **Ed D. Jones**
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

FILED DEC 10 1940

372

40-12-587

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 K. Surlbut

Licensed Embalmer No.

959

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.