

13-40
7-39
X23159

38919
DEC 10 1940
State File No. _____
Registrar's No. _____

Registration District No. 411 Primary Registration District No. 2002

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town Joplin
(c) Name of hospital or institution:
29th and Annie Baxter
(d) Length of stay: In hospital or institution _____
In this community 5 months and 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County JASPER
(c) City or town Joplin
(d) Street No. 29th and Annie Baxter
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME EDITH PEARLENE EBBS

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 Single

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

7. Birth date of deceased May 25 1940

8. AGE: Years Months Days If less than one day
0 5 8 hr. min.

9. Birthplace Joplin Missouri

10. Usual occupation Infant

11. Industry or business _____

12. Name Fred A. Ebbs

13. Birthplace Columbus Kansas

14. Maiden name Mathie Letha Baese

15. Birthplace Joplin Missouri

16. (a) Informant Fred A. Ebbs

(b) Address 29th and Annie Baxter

17. (a) Burial (b) Date thereof Nov 4 1940

(c) Place: burial or cremation Lawrence Cemetery

18. (a) Signature of funeral director Lanphier Mortuary

(b) Address 1502 Joplin

19. (a) 11-4-40 (b) Ed J. Jernigan

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 2
year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 21 1940 to Nov 2 1940
that I last saw her alive on Nov 2 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Acute colitis

Due to Undernourishment

Other conditions _____

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? _____

While at work? 370 (Specify type of place) _____

23. Signature Ed J. Jernigan (b) Means of injury 3

Address Joplin Mo. Date signed 11-4-40

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

FILED DEC 10 1940

Duration
3 days
2 weeks
not known
PHYSICIAN
Underline the cause to which death should be charged statistically.

40-12599

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. 9319
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.