

ED JAN 10 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

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

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:
28th and Maiden Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 8 1/2 months years, months or days) 2

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. 28th and Maiden Lane
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME LAVERNE HAYNES

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 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 8 15 _____ hr. _____ min.

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

10. Usual occupation child 0

11. Industry or business _____ 0

12. Name William Haynes 0

13. Birthplace Cedar Gap Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mayella Smith

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

16. (a) Informant William Haynes

(b) Address 28th and Maiden Lane

17. (a) Burial (b) Date thereof Dec 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Lawrence Mortuary

(b) Address 1502 Joplin Missouri

19. (a) 12-16-40 (b) Ed D. Jarman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
year 1940 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Dec 13-40
_____, 19____, to _____, 19____;
that I last saw her alive on Dec 12-1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____

Due to 108

Due to _____

Other conditions Malnutrition
(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) no

(b) Date of occurrence no

(c) Where did injury occur? no
(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 Ed D. Jarman 10.0.

Address 221 Porter Date signed Dec 13 1940

41-1-66

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 HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

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