

FILED FEB 14 1941

State File No. _____

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

(c) Name of hospital or institution:
711 West 1st
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jasper

(c) City or town Joplin mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 711 West 1st St
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mella Marie Johnson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st year 1941 hour 2 minute 30A M.

21. I hereby certify that I attended the deceased from Oct, 1939 to Jan, 1941 that I last saw her alive on Dec, 1940 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Estell Johnson 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Oct 17-1908
(Month) (Day) (Year)

Immediate cause of death Acute dilatation of heart

8. AGE: Years 32 Months 7 Days 19 If less than one day _____ hr _____ min.

Due to chronic nephritis

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

Due to _____

10. Usual occupation Housewife

Other conditions ✓ (Include pregnancy within 3 months of death) 121 P

11. Industry or business _____

Major findings: Of operations _____

12. Name John Spears

Of autopsy _____

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

14. Maiden name Ruthie Maguire

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

16. (a) Informant Dellis Spears

(b) Address 711 West 1st St

17. (a) Burial (b) Date thereof Jan 5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson

18. (a) Signature of funeral director Charles Leitch

(b) Address Goodman

19. (a) 1-6-41 (b) W. D. Jones
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. D. Jones (M. D. _____)
Address 416 Frisco Bldg Date signed 1-2-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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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.....

Mariellen Williams

Registered Apprentice No. ~~4166~~

working under my personal supervision.

Signed

Mariellen Williams

Licensed Embalmer No. *4166*

P. O. Address *Goodman, Md*

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.