

FILED FEB 14 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

49
2
5
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:
802 Virginia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 12 years
years, months or days)

3. (a) PRINT FULL NAME JOHN R ROBERTS

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Elzora Bummer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 73 ? ? _____ hr. _____ min.

9. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Clara Garnett

(b) Address 802 Virginia, Joplin, Mo

17. (a) Burial (b) Date thereof Jan 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove, Mo

18. (a) Signature of funeral director Leopold Morduey

(b) Address 1502 Joplin, Mo

19. (a) 1-7-41 (b) Ed W. Jones
(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. 802 Virginia
(If rural, give location)
(e) If foreign born, how long in U. S. A.? unknown years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1941 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from
Jan 6, 1941, to Jan 7, 1941
that I last saw her alive on Jan 7
and that death occurred on the date and hour stated above.

Immediate cause of death
Gastric hemorrhage,
Due to Carcinoma stomach

Duration
1 day

Other conditions none
(Includes pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

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)
While at work? _____
Means of injury _____

23. Signature Herman A LaFolle (M. D. or other) MD
Address 607 Main Joplin Mo Date signed 1-7-41

41-2-132

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 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.