

No. 2
4-13-40
5-17-39
I X23155

State File No. _____

MAR 17 1941 411
Registration District No. _____

Primary Registration District No. **2002**

Registrar's No. _____

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

1. PLACE OF DEATH: *Jasper*
 (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 *St. Johns Hospital*
 (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

3. (a) PRINT FULL NAME *Sarah Brown*
 3. (b) If veteran, name war _____
 3. (c) Social Security No. *Widowed*

4. Sex *F* 5. Color or race *W*
 6. (a) Single, widowed, married, divorced *Widow*
 6. (b) Name of husband or wife *William*
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased *July 13 - 1874*
 (Month) (Day) (Year)

8. AGE: Years *66* Months *7* Days *9* If less than one day _____ hr. _____ min.

9. Birthplace *Butler Mo.* (City, town, or county) (State or foreign country)

10. Usual occupation *House wife*

11. Industry or business _____

MOTHER FATHER
 { 12. Name *Clark Warden*
 { 13. Birthplace *Mo.* (City, town, or county) (State or foreign country)
 { 14. Maiden name *Mary Ratliff*
 { 15. Birthplace *Mo.* (City, town, or county) (State or foreign country)

16. (a) Informant *Bon McVey*
 (b) Address *Rt 3 Joplin*

17. (a) _____ (b) Date thereof *2-24-41*
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Childhome, Mo*

18. (a) Signature of funeral director *Theruhell Dillon*

(b) Address *Joplin Mo*

19. (a) *2-23-41* (b) *W D James*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Mo* (b) County *Jasper*
 (c) City or town *Joplin* (If outside city or town limits, write "RURAL")
 (d) Street No. *423 Pennsylvania* (If rural, give location)
 (e) If foreign born, how long in U. S. A.? *0* years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *February* 22/1941
 year _____ hour *2* minute *30 P* M.

21. I hereby certify that I attended the deceased from *Feb 20*, 1941, to *Feb 22*, 1941
 that I last saw her alive on *Feb 22*, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death *Cerebral hemorrhage* Duration *2 days*

Due to *Arteriosclerosis*

Due to *Hypertension*

Other conditions (Include pregnancy within 3 months of death) *42 W*

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

23. Signature *H. F. Wilbur* (M. D. or other) *J. M. D.*
 Address *Joplin Mo.* Date signed *2-23-41*

41-3-264

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..... *David Dillon*.....

Licensed Embalmer No. *3898*

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.