

No. 2
13-40
17-39
X23159

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. _____

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: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days
(Specify whether
In this community 5 Years
years, months or days)

3. (a) PRINT FULL NAME Martha Regier
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years
7. Birth date of deceased September 26 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife
11. Industry or business Home

MOTHER FATHER
12. Name Will
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wagner
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Family
(b) Address Joplin, Mo
17. (a) Removal (b) Date thereof 5-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clinton, Oklahoma

18. (a) Signature of funeral director Frederick Und Co.
(b) Address 212 Joplin St. Joplin Mo.
19. (a) 5-17-41 (b) Ed N James
(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. 2014 Byers Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1941 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from 4-28, 1941, to 5-10, 1941;
that I last saw her alive on 5-10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to Nephritis of Right Kidney
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 61
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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. P. Dickerson (M. D. certifying) MD
Address Joplin Mo Date signed 5-17-41

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

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 *Terrest L. Hurd*

Licensed Embalmer No: *919*

P. O. Address *Spencer*

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.