

No. 2  
-13-40  
17-39  
X23159

Registration District No. 471

Primary Registration District No. 2002

Registrar's No. ....

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:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 weeks  
(Specify whether  
In this community Lifetime  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL") 5-  
(d) Street No. 931 Connor Avenue  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A. ? ..... years.

3. (a) PRINT FULL NAME BEVERLY JEAN RETHERFORD

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

7. Birth date of deceased February 4, 1925  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
16 2 21 hr. min.

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

10. Usual occupation Student 10th-Grade

11. Industry or business -----

12. Name Gerald L. Retherford

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

14. Maiden name Una Lake

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

16. (a) Informant Mr. Gerald L. Retherford

(b) Address 931 Connor, Joplin, Mo.

17. (a) Burial (b) Date thereof 4-28-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Thornhill-Dillon Mort

(b) Address Joplin, Missouri

19. (a) 4-29-41 (b) Ed S. Jensen  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month April day 25th  
year 1941 hour 4:55 minute P. M.

21. I hereby certify that I attended the deceased from 3-9-41, 19, to 4-25-41, 19;  
that I last saw her alive on 4-25-41, 19,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
① Septicemia acute appendicitis with 3-8-41  
Blebs abscess  
② Fecal fistula 3-9-41  
③ General Septicemia with multiple  
abscesses of lung & liver  
④ Acute Cardiac Dilatation 4-25-41  
Other conditions: -----  
(Include pregnancy within 3 months of death)

Major findings: Appendicitis of Cecum with  
Of operations small hole in Cecum  
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? ----- (e) Means of injury -----

23. Signature Willie H. Swan (M. D. or other) 0  
Address Joplin, Mo. Date signed 4-29-41

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

19  
2  
5

41-5-474

**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 Hillon*

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.**