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7-39
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FILED MAY 7 1941

Registration District No. 417

Primary Registration District No. 5561.D.

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Atlas (JOPLIN TWP. RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town (Atlas) Rural - JOPLIN TWP. 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #4 Carthage, Mo. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
year 1941 hour 10:50 minute P. M.

21. I hereby certify that I attended the deceased from March 23
1941, to March 31, 1941
that I last saw him alive on MCH 31, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to: A34

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mrs. Laura Etta Setser

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

4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Newt Setser 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 4 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Atlas - JASPER CO. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name James McClain

13. Birthplace --- / Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hockett

15. Birthplace --- no data
(City, town, or county) (State or foreign country)

16. (a) Informant Husband Newt Setser

(b) Address Atlas, Mo.

17. (a) Burial (b) Date thereof 4/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sterling Cemetery

18. (a) Signature of funeral director Wedge - Nelson

(b) Address Webb City, Mo

19. (a) APR. 2. 41 (b) J. L. Hutchins MD
(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? 377 (Specify type of place) (e) Means of injury 2

23. Signature G. W. Ray (M.D. or other) M.D. Date signed 4-2-41
Address Webb City, Mo

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

MOTHER FATHER

41-5-421

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: *E. H. Kealy*

Licensed Embalmer No. *35889*

P. O. Address *Webb City, 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.