

FILED SEP 12 1941
Registration District No. **411**

Primary Registration District No. **2002**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(c) Name of hospital or institution: **622 EMPIRE ST.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **No** (Specify whether
in this community **27 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **Jasper 049**
(c) City or town **Joplin Mo;**
(If outside city or town limits, write "RURAL")
(d) Street No. **622 Empire.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug. 16,** day **1941.**
year _____ hour **7-10 A.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **Aug 11** to **Aug 16**, 19**41**.
that I last saw him alive on **Aug 16**, 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary thrombosis**
Due to: **arterio sclerosis**

Other conditions: **82A**
(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.

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature **H. H. Hurlbut** (M. D. or other) **D**
Address **Joplin Mo** Date signed **8-16-41**

3. (a) PRINT FULL NAME **Margaret Justice**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widow**

6. (b) Name of husband or wife **Mathew G. Justice** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 15, 1863.**
(Month) (Day) (Year)

8. AGE: Years **78** Months **2** Days **1** If less than one day _____ hr. _____ min.

9. Birthplace **Pochontas Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **house wife**

11. Industry or business **HOME**

12. Name **John Sorrell**

13. Birthplace **N. Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Edith Woodard**

15. Birthplace **N. Carlonia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H. C. Guld.**

(b) Address **622 Empire, Joplin Mo;**

17. (a) **Burial** (b) Date thereof **8-18-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Park Cemetery**

18. (a) Signature of funeral director **Hurlbut Und. Co.;**

(b) Address **Joplin Mo;**

19. (a) **8-16-41** (b) **Ed S. James**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

41-9-767.

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..... *Sam E. Sencerney Jr*

Licensed Embalmer No. *4099*

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.