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4-41
7-39
X26390

Filed SEP 12 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: 931 N. John St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether)

In this community Lifetime!
years, months or days

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. 931 N. John
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Alma Arlene Mitchell

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1941 hour 7 minute 10 a.m.

21. I hereby certify that I attended the deceased from Aug 10 1941 to Aug 16 1941
that I last saw her alive on Aug 14 1941
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married Widowed
divorced 3

6. (b) Name of husband or wife Paul

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased December 8 1896
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis and Hypertosis

Duration 6 mo

8. AGE: Years 44 Months 8 Days 8
If less than one day hr. min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/10

9. Birthplace Monett - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Home work

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Newburn Allen

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Card

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

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? _____

16. (a) Informant Claud Allen

(b) Address Rt. Joplin

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Aug 18-1941
(Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial Park

18. (a) Signature of funeral director Harshill Dillon

(b) Address 4th & Walnut

19. (a) 8-16-41
(Date received local registrar)

(b) Ed B. Jones
(Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature H. Wilber (M. D. or other)

Address Joplin Mo Date signed 8-16-41

(Licensed Embalmer's Statement on Reverse Side)

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

41-9-768

SEP 22 1948

DEC 2 1948

OCT 25 1949

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..... *Don Tetrick*

Licensed Embalmer No. *4008*

P. O. Address *Joplin, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.