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3-40
7-39
K23159

Registration District No. 413

Primary Registration District No. 5559.C.

Registrar's No. 33

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution: Jasper Co. ABC Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether
In this community 10 years
years, months or days)

3. (a) PRINT FULL NAME

Marie L Ash

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 0

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

7. Birth date of deceased Apr 9 1912
(Month) (Day) (Year)

8. AGE: Years 29 Months 5 Days — If less than one day hr. _____ min. _____

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

10. Usual occupation Nurse

11. Industry or business _____

12. Name Robert Murphy

13. Birthplace Dixon MO.
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Stewart

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

16. (a) Informant Robert Murphy

(b) Address Joplin, Mo.

17. (a) BURIAL (b) Date thereof Sept 12 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park, Aurora, Mo.

18. (a) Signature of funeral director Walter A. Wilson

(b) Address 4th & Wall St. Joplin

19. (a) SEPT. 12. 41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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. 412 North Gray Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1941 hour 11 minute 47 A. M.

21. I hereby certify that I attended the deceased from Aug 29, 1941 to Sept 10, 1941;
that I last saw her alive on Sept 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Tuberculous Laryngitis
Due to and Entero colitis

Due to _____
Other conditions 13B
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations _____
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature John E. Douglas (M. D. or other) 0
Address Joplin city Mo Date signed 9/10/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Dillon*

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.