

FILED OCT 15 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

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

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: Smelter Hill (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution nene (Specify whether years, months or days)

In this community 70 Years

3. (a) PRINT FULL NAME Elizabeth C Waterman

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Nov. 25th 1862 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>12</u>	hr. min.

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

10. Usual occupation House duty

11. Industry or business same

12. Name James M Spencer

13. Birthplace ✓ 9 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Spencer.

15. Birthplace ✓ 4 (City, town, or county) (State or foreign country)

16. (a) Informant John Coy. (b) Address Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8th 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Park Cemetery

18. (a) Signature of funeral director [Signature] (b) Address Joplin Mo

19. (a) 9-6-41 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No. N. W. Smelter Hill (If rural, give location) 5

(e) If foreign born, how long in U. S. A.? ***** 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6 year 1941 hour 7 minute 15 A.

21. I hereby certify that I attended the deceased from Sept 5, 1941 to Sept 6, 1941; that I last saw her alive on Sept 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 74 hrs Duration

Due to _____

Due to _____ 9/4

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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) (a) Cause of injury _____

23. Signature [Signature] (M. D. ✓) Address Joplin Mo Date signed 9-6-41

41-10.876

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 *Steve D. Parker*

Licensed Embalmer No. *25748*

P. O. Address *Johnston*

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.