

No. 2
1-4-41
17-39
X26390

State File No. _____

DEC 17 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 city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fremont Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community Life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Stotts City Rural o
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1941 hour 4 minute 45 p. M.
21. I hereby certify that I attended the deceased from
Nov 1 1941 to Nov 13 1941
that I last saw her alive on Nov 13 1941
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME ANNIE Duvall
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

Immediate cause of death
Chr. interstitial nephritis,
& myocardial degeneration
Due to _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Robert G. Duvall 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased July 28 1869 (Month) (Day) (Year)

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

8. AGE: Years 73 Months 3 Days 16 If less than one day hr. _____ min. _____

Major findings: none
Of operations none
Of autopsy none
Duration 2 weeks
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Ben Rice

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

14. Maiden name Fannie Williams

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

16. (a) Informant Jewel Sneed

(b) Address 1329 Kentucky Joplin

17. (a) Burial (b) Date thereof 11/15/1941 (Month) (Day) (Year)

(c) Place: burial or cremation Red Oak

18. (a) Signature of funeral director Wm. J. Luman

(b) Address Miller St.

19. (a) 11-15-41 (b) Ed Sneed (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) no
(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? _____ Means of injury D

23. Signature Wm. J. Luman (M. D. or other) MD
Address 607 Main Joplin Date signed 11/13

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

41-12-1036

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. R. Leman
Licensed Embalmer No. 3297
P. O. Address Miller 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.