

FILED APR 6 1942

Registration District No. 41

Primary Registration District No. 2002

Registrar's No. 950 90

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin *MIK*

(c) Name of hospital or institution: 1809 Grand Nursing Home - 2mos 5days
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution as above
(If not in hospital or institution, write street number or location)

In this community 50 years 4 (Specify whether years, months or days)

3. (a) PRINT Cora Bell Inger.
FULL NAME

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 married

6. (b) Name of husband or wife P. W. Inger

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 8th 1873.
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Liberal Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Duty

11. Industry or business same

MOTHER FATHER { 12. Name Frank L. Yale.

13. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

14. Maiden name Tarilda Tabler

15. Birthplace Newton Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant P. W. Inger

(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 3-17th 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope cem.

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

(b) Address Joplin Mo.

19. (a) 3-17-1942 (b) Gertrude Sudhalter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. 1014 West A
(If rural, give location)

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

If yes, name country -- 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15
year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from January
11, 1942, to Mar 15, 1942

that I last saw her alive on Mar 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhages

Due to Hypertension

Due to Arterio sclerosis

Other conditions Carcinoma (uterus)
(Include pregnancy within 3 months of death)

Major findings:
Of operations 486

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 P. A. Mahoney (M. D. or other) DO.

Address Joplin Mo. Date signed 3/16/42

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

79
52
5

1234

42-4-225

APR 3 1942

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. *2548*

P. O. Address *Goffin MA*

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.