

FILED APR 13 1942

Registration District No.

Primary Registration District No. 2002

49
6129
Morgan
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: **29th & Picher**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 months** (Specify whether years, months or days)
In this community **16 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper 049**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **29th & Picher** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Betty Lou Keopke**

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

4. Sex **Fem** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **November 4, 1940**
(Month) (Day) (Year)

8. AGE: Years **1** Months **4** Days **1** If less than one day hr. min.

9. Birthplace **Joplin** **6 Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Harry Keopke**

13. Birthplace **Joplin** **6 Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Leta Etter**

15. Birthplace **Joplin** **6 Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Keopke**

(b) Address **Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **3-7-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST PARK**
Hurlbut Und. Co.

18. (a) Signature of funeral director _____
(b) Address **Joplin, Mo.**

19. (a) **3-7-42** (b) **Gotardo Sudkoelter**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5**
year **1942** hour **6** minute _____ P.M.

21. I hereby certify that I attended the deceased from **Egl 16**
1942 to **April 5** 19**42**

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Lobar Pneumonia **10 days**

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations **10 8**

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 **Dr. John M. ...**

Address **213 ...** Date signed **3-6-42**

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 Steve D. Parker

Licensed Embalmer No. 2548

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.