

FILED MAY 14 1942

Registration District No. 199

Primary Registration District No. 2002

Registrar's No. 169

49
2
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
922 North Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **50 years**
(Specify whether years, months or days)

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")
922 North Street 5
(If rural, give location)
 (d) Street No.
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **Sirena Estella Hembree**
 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 **Widowed**
 6. (b) Name of husband or wife **Charles B.**
 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased **March 17, 1877**
(Month) (Day) (Year)

8. AGE: Years **65** Months **1** Days **5**
 If less than one day hr. min.

9. Birthplace **Barry County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House duties**
 11. Industry or business **retired**

MOTHER FATHER
 12. Name **Joseph M. Hall**
 13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary C. Shrum**
 15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Clarence Drake - daughter**
 (b) Address **Joplin, Mo. 902 - Conner Ave**
 17. (a) **Burial** (b) Date thereof **4/24/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Fairview Cem**

18. (a) Signature of funeral director **Hurlbut Und. Co.**
 (b) Address **Joplin, Mo.**
 19. (a) **4-24-42** (b) **Antony Sudhalter**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **22**
 year **1942** hour **6** minute **20** P.M.

21. I hereby certify that I attended the deceased from **April 20 to April 23, 42**
 that I last saw him alive on **April 21, 1942**
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Cerebral Hemorrhage 2 days
Hypertension
 Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death) **83a**

Major findings:
 Of operations
 Of autopsy
 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. Dawson** (Nurse or other) **DO**
 Address **Joplin Mo** Date signed **4-24-42**

42-4-420

740 11 37

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..... *Ferry K. Schubert*
Licensed Embalmer No. *95-9*
P. O. Address..... *Jefferson Ave*

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.