

FILED JUN 5 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. 181

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: 715 Penn. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Years (Specify whether years, months or days)

In this community 4 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 715 Penn.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary A. Pence

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

4. Sex Female 5. Color or race White 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: December 6, 1856  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>4</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name John McClatchay

13. Birthplace No Data Scotland  
(City, town, or county) (State or foreign country)

14. Maiden name Martina Braionfield

15. Birthplace No Data Scotland  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Pence  
(b) Address Webb City, Missouri

17. (a) Removal (b) Date thereof 5/3/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Mound, Kansas

18. (a) Signature of funeral director Hedge-Nelson Funeral Home  
(b) Address Webb City, Missouri

19. (a) 5-5-42 (b) Estude Sudhoelter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1-1942  
year \_\_\_\_\_ hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 28 1942 to May 1 1942  
that I last saw her alive on May 1 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: gza  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
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 2

23. Signature D. J. Hlesky (M. D. or other) OP  
Address Joplin Mo. Date signed 5-2-42

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

449  
3

49  
3  
0

1204

42.5.429

181

582

**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.....

Licensed Embalmer No. 7859

P. O. Address.....

**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.