

FILED JUL 10 1942
Registration District No. 411

Primary Registration District No. 2002

Registrar's No. 262

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 months
In this community 18 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 410, 1-2 Ky Ave
(e) Citizen of foreign country? No
If yes, name country No

3. (a) PRINT FULL NAME Betty Sanders.

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

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Will Sanders 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 15 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 23
If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER
12. Name James Thomas
13. Birthplace Alabama
14. Maiden name Jane Jones
15. Birthplace Alabama

16. (a) Informant G. Stoeber
(b) Address 410, 1-2 Ky Ave; Joplin Mo;
17. (a) removal (b) Date thereof 6-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa Okla;
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;
19. (a) 6-24-42 (b) G. Stoeber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 23 day 1942
year hour 2-30 A.M. minute M.

21. I hereby certify that I attended the deceased from June 21 1942 to June 23 1942
that I last saw her alive on June 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 2 days
Duration

Due to

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury
23. Signature H. C. Miller (M. D. or other)
Address Joplin Mo Date signed 6-29-42

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

49
589

1204

42-6-546

9521

ES 22

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.....

Perry L. Hubert

Licensed Embalmer No. 9529

P. O. Address Josephine 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: