

FILED AUG 13 1942

Registration District No. _____

Primary Registration District No. 2002

Registrar's No. 296

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1823 Grand /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1823 Grand
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha A. Duncan

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, widow 2 divorced, widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 8 1850
(Month) (Day) (Year)

8. AGE: Years 91 Months 10 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation home duties

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Patterson
13. Birthplace No record /
(City, town, or county) (State or foreign country)
14. Maiden name No record
15. Birthplace No record /
(City, town, or county) (State or foreign country)

16. (a) Informant J. Cozelle
(b) Address Joplin, Mo.

17. (a) Burial/Removal (b) Date thereof 7/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cem. Kansas
Hurlbut Und. Co

18. (a) Signature of funeral director Joplin, Mo.

(b) Address _____
19. (a) 7-18-42 (b) J. G. ...
(Date received local registrar) (Name of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1942 hour 10 minute 05 a.m.

21. I hereby certify that I attended the deceased from 6-12-42 to 7-12-42
that I last saw her alive on 6-18-42 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Senility with arterio sclerosis + chronic myocarditis
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d
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?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature J. G. ... (M. D. or other) _____
Address Joplin, Mo. Date signed 7-18-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

42-7-639

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 H. Deibel

Licensed Embalmer No.....

959

P. O. Address.....

Josephine, 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.