

FILED DEC 11 1942

State File No. _____

Registration District No. 756

Primary Registration District No. 2001

Registrar's No. 498

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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:
St. Johns
(If not in hospital or institution, write street number or location)

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

In this community 28 years;
(Specify whether years, months or days)

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. 701 N. Sargent Ave.;
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Minnie Hall Rich

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife D. W. Rich;

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 27, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>4</u>	<u>17</u>	<u>_____</u> hr. <u>_____</u> min.

9. Birthplace Fort Scott Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

MOTHER FATHER

11. Industry or business _____

12. Name Robert Daubin

13. Birthplace NO RECORD. 9
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Woods

15. Birthplace NO RECORD. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Norah Hall

(b) Address 701 N. Sargent, Joplin Mo;

17. (a) Burial (b) Date thereof 11/17/42
(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) 11-16-42 (b) Arthur S. Suberth
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 13 day 1942
year _____ hour 8-45 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 10-15, 1942 to 11-13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis
arteries

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H of

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) (a) Means of injury

23. Signature Arthur S. Suberth (M. D. or _____)
Address Joplin Date signed 11-17-42

42-11-961

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 T. Lurbe

Licensed Embalmer No.

959

P. O. Address

Japan 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.