

No. 2
-94-41
-17-39
X29484

FILED DEC 11 1942
Registration District No. **404**

Primary Registration District No. **5535**

Registrar's No. **12978**

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 days
(Specify whether years, months or days)

In this community 50 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. 122 1/2 main
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Minnie Cherry

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 married

6. (b) Name of husband or wife: H. C. Cherry 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased April 12 1899
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Henry Adkins

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Ma Haven

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Michael Reed Clerk

(b) Address Mo State San Mt Vernon Mo

17. (a) Personal (b) Date thereof 11-3-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saxapiece Mo

18. (a) Signature of funeral director Geo. B Orr

(b) Address Mt Vernon Mo

19. (a) 11-4-42 (b) Audley Campbell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
year 1942 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept. 15, 1942, to Nov. 2, 1942
that I last saw her alive on Nov. 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis over 2 1/2 yrs.

Due to 136

Due to

Other conditions Myocard Emphysema
(Include pregnancy within 3 months of death)

Bronchial Plasmal fistula

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?

(Specify type of place)

While at work? (a) Means of injury

23. Signature Charles A. Brasher M.D. or other

Address Mo. State Sanatorium Date signed 11-3-42

RECEIVED

District Health Officer No. 6,

District File Number 1242-1710

Date Filed DEC 9 1942

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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 George B. Orr

Licensed Embalmer No. 946

P. O. Address Mr. Vernon

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.