

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 549

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:
 811 1/2 W. 2nd St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... Always (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 811 1/2 W. 2nd St
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Grace Belle Landers
 3. (b) If veteran, name war... 3. (c) Social Security No...

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 11th year 1942 hour 8 minute 30 AM

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Carl B. 6. (c) Age of husband or wife if alive... years

21. I hereby certify that I attended the deceased from Dec 11 - 1942 to Dec 11 - 1942
 that I last saw him alive on Dec 11 - 1942 and that death occurred on the date and hour stated above.

7. Birth date of deceased April 17th 1885 (Month) (Day) (Year)
 8. AGE: Years 57 Months 7 Days 24 If less than one day hr. min.

Immediate cause of death Encephalitis
 Due to Trauma of X Ray
 Due to Cancer of breast

9. Birthplace Joplin Mo (City, town, or county) (State or foreign country)
 10. Usual occupation

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy

11. Industry or business Housewife
 12. Name Jessie Floyd Teasterman
 13. Birthplace Joplin, Mo; (City, town, or county) (State or foreign country)
 14. Maiden name Mary Bell Humphrey
 15. Birthplace Newtonia, Mo (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Carl B. Landers
 (b) Address 811 1/2 W 2nd
 17. (a) Burial (b) Date thereof DEC 14 1942 (Month) (Day) (Year)
 (c) Place: burial or cremation FOREST PARK

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? (e). Means of injury

18. (a) Signature of funeral director Parker H. Sneaker
 (b) Address Joplin, Mo.
 19. (a) 12-14-42 (Date received local registrar) (b) Antoinette Dusholter (Registrar's signature)

23. Signature O. C. ... (M. D. or other)
 Address 300 ... Date signed 12-11-42

42-12-1091

APR 23 1956

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.....

F. M. Jones

Licensed Embalmer No. *2319*

P. O. Address.....

Joplin 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.