

Registration District No. 156

Primary Registration District No. 2001

564

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: Freeman Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 weeks
 In this community 58 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Cornelia Ann Merrell
 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, widowed
 6. (b) Name of husband or wife: A. Monroe Merrell
 6. (c) Age of husband or wife if alive: years
 7. Birth date of deceased: January 6, 1860 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	11	16	hr. min.

9. Birthplace: Mt. Vernon Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: retired housewife

11. Industry or business:

MOTHER FATHER
 12. Name: Richard H. Crumbliss
 13. Birthplace: No record (City, town, or county) (State or foreign country)
 14. Maiden name: Julia (State or foreign country)
 15. Birthplace: No record (City, town, or county) (State or foreign country)

16. (a) Informant: Geo. T. Merrell
 (b) Address: Oakland Dist., Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/23/42 (Month) (Day) (Year)

(c) Place: burial or cremation: Spring Valley Cem.

18. (a) Signature of funeral director: Huribut Und. Co.

(b) Address: Joplin, Mo

19. (a) 12-21-42 (Date received local registrar) (b) [Signature] (Registrar's signature)

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. Zora & Range Line (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20 year 1942 hour 9 minute 15 a.m.

21. I hereby certify that I attended the deceased from Oct 31 1942 to Dec 20 1942 that I last saw her alive on Dec 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic degenerative heart Chronic nephritis

Due to: 1318

Other conditions: (Include pregnancy within 3 months preceding death) 1st pregnancy 1941-1942 which resulted in stillbirth

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?

23. Signature: [Signature] M.D. or other
 Address: [Address] Date signed: [Date]

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

new register

1204

42-12-1069

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 *Henry K. Lurbeck*

Licensed Embalmer No. 909

P. O. Address *Spice Hill*

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.