

FILED JAN 15 1943

Registration District No. 36

Primary Registration District No. 2001

Registrar's No. 585

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: 2915 Pearl
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 25 Yrs (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. 2915 Pearl
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country. 0

3. (a) PRINT FULL NAME Beulah Miller

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife I. H. Miller 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Aug 28th 1900
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>3</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Viana, Ill
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housewife

MOTHER FATHER
 12. Name Wm. E. Robinson
 13. Birthplace Green, Ky
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary E. Simpson
 15. Birthplace Viana, Ill
 (City, town, or county) (State or foreign country)

16. (a) Informant I. H. Miller
 (b) Address 2915 Pearl

17. (a) Burial (b) Date thereof 12-31-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grave Park

18. (a) Signature of funeral director Parker Hunsaker
 (b) Address Joplin, Mo

19. (a) 1-4-43 (b) Getta Lushoetter
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27th
 year 1942 hour 7 minute P M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
 that I last saw did not see the child and that death occurred on the date and hour stated above.

Immediate cause of death Electrocuted by contact with high wire

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

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) Accident
 (b) Date of occurrence Dec 27 42 1942
 (c) Where did injury occur? Joplin, Jasper Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Public Street

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

23. Signature R. A. Webster (M. D. or other)
 Address Carthage Mo Date signed Dec 30 42

42-12-1110

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 *Steve D Perky*

Licensed Embalmer No. *2548*

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.