

FILED FEB 15 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 74

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

49  
520

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: Perfetto Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay 1 In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town East Joplin  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location)

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

If yes, name country: 1

3. (a) PRINT FULL NAME Medred Eldredth

3. (b) If veteran, name war: 1

3. (c) Social Security No. 1

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

6. (b) Name of husband or wife Arnold Eldredth 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased March 23 1912  
(Month) (Day) (Year)

8. AGE: Years 30 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name David Earl McClamb

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

14. Maiden name Bethna Smith

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

16. (a) Informant Arnold Eldredth

(b) Address East Joplin Mo

17. (a) Burial of Date thereof Feb 9 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus Kansas

18. (a) Signature of funeral director W. L. ...

(b) Address ...

19. (a) 2-9-43 (b) Arthur ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1943 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 3 1943 to Feb 4 1943 that I last saw h. ER alive on Feb 4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Autonomic  
Distress

Due to Food Allergy

Other conditions (Include pregnancy within 3 months of death)

Major findings: 939

Of operations

Of autopsy

Duration

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) (e) Means of injury ...

23. Signature W. L. Perfetto (M. D. or other) Do

Address 3114 Joplin Date signed 2-16-43

43-1-111

FEB 17 1943

**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 A. K. Mills

Licensed Embalmer No. 347

P. O. Address Wet City, 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.**