

FILED MAR 29 1943

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution N.E.I. of MAYENA
(d) Length of stay: In hospital or institution all her life
In this community all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Jasper
(c) City or town Joplin RURAL
(d) Street No. CAVE SPRINGS COMM.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

MARSHA BLACKBORN

(b) If veteran.

(c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1943 hour 10 P.M. minute M.

21. I hereby certify that I attended the deceased from _____ that I last saw _____ and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife DECEASED 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: MAY 1-1864

8. AGE: Years 78 Months 10 Days 6

9. Birthplace: NEAR Joplin Mo. 0

10. Usual occupation: Housewife

11. Industry or business _____

12. Name JAMES GLENN

13. Birthplace UNKNOWN 9

14. Maiden name E. M. L. Y.

15. Birthplace WISCONSIN 1

16. (a) Informant Mrs. Noah Minton

(b) Address GREENA, KANSAS

17. (a) BURIAL (b) Date thereof 3-9-43

(c) Place: burial or cremation OAK Hill Cem

18. (a) Signature of funeral director Society Co.

(b) Address Salina, Kansas

19. (a) 3-9-43 (b) G. H. D. S. (c) _____

Immediate cause of death: Cancer of nose

Due to: _____

Due to: _____

Other conditions: _____

Major findings: Of operations 53

Of autopsy: _____

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) _____

23. Signature: _____ (M.D. or other) _____

Address: _____ Date signed: _____

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

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 Les N. Shewmaker

Licensed Embalmer No. 1998

Licensed in Kansas P. O. Address Salina, Kansas

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.