

FILED MAR 29 1943
Registration District No. **136**

Primary Registration District No. **2001**

Registrar's No. **134**

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: **St. John's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **2 days**
(Specify whether years, months or days)

In this community... **45 years**
(Specify whether years, months or days)

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. **2425 Virginia Ave.**
(If rural, give location)

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

If yes, name country... **- - -**

3. (a) PRINT FULL NAME **Helen Frances Pember**

3. (b) If veteran, name war... **No**

3. (c) Social Security No... **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March**, day **4**, year **1943**, hour **10**, minute **3** A. M.

21. I hereby certify that I attended the deceased from **Feb. 24**, 19 **41**, **March 4**, 19 **43**

4. Sex... **Female**

5. Color or race... **White**

6. (a) Single, widowed, married, divorced... **Widowed**

6. (b) Name of husband or wife... **Eugene Pember**

6. (c) Age of husband or wife if alive... **- -** years

7. Birth date of deceased... **July 2, 1855**
(Month) (Day) (Year)

that I last saw him alive on **March 4** and that death occurred on the date and hour stated above.

Immediate cause of death... **Myocarditis, Influenza.**

Duration **23**

8. AGE:	Years	Months	Days	If less than one day
	87	8	2	hr. min.

Due to **Myocarditis & Senility.** **2 years**

Due to

9. Birthplace... **Roadhouse Illinois**
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)

Major findings: **none**

10. Usual occupation... **At Home**

11. Industry or business... **None**

Of operations... **none**

Of autopsy

MOTHER, FATHER

12. Name... **Hill**

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

14. Maiden name... **Unknown**

15. Birthplace... **Unknown**
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant... **Ronald Huling**

(b) Address... **Battle Creek, Michigan**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Mar. 8, 1943**
(Month) (Day) (Year)

(c) Place; burial or cremation... **Mt. Hope Cemetery**

(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?

18. (a) Signature of funeral director... **Knell Mortuary**

(b) Address... **Carthage, Missouri**

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

23. Signature... **Michael J. [Signature]** (M. D. or other)

19. (a) **3-4-43** (Date received local registrar) (b) **Richard S. [Signature]** (Registrar's signature)

Address... **Joplin Mo.** Date signed **3-4-43**

43-3-261

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 *John D Patchelder*

Licensed Embalmer No. *4153*

P. O. Address *Carthage 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.)

File If this body is not embalmed, fact should be so stated above.