

FILED MAY 13 1943

Registration District No. **126**

Primary Registration District No. **2001**

Registrar's No. **2571**

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:
Joplin General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, **1 week** (Specify whether
In this community **60 yrs** (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. **2314 Wall**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Lottie May Peters**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

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

7. Birth date of deceased. **May 12, 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 17 hr. min.

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

10. Usual occupation **housekeeper**

11. Industry or business.

MOTHER FATHER { 12. Name **unknown**
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)

16. (a) Informant **Hazel McDaniels**

(b) Address **2314 Wall Joplin Mo**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **5 1, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope**

18. (a) Signature of funeral director **Parker Hunsaker**

(b) Address **1502 Joplin St Joplin Mo**

19. (a) **5-1-43** (Date received local registrar) (b) **Lutens Sudholtz** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **29**
year **1943** hour **2** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Dec 13 1942**
1942 to **April 29** 1943
that I last saw her alive on **Apr 29** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis** Duration **2 yrs**
Rheumatoid arthritis **20 yrs**
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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? (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 **Alfred B. Spaulder** (M. D. or other) **D.D.**
Address **Joplin Mo** Date signed **4-30-43**

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

48-4-482

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 F. M. Jones
Licensed Embalmer No. 2319
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.