

ED APR 26 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 213

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:
112 No. Jackson
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community 20 Yrs

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. 112 No. Jackson
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Jennie Robertson

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 Widowed
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Aug 19th 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housewife
 12. Name Wm Ray
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Maggie Mahoney
 15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Campbell
 (b) Address 112 No. Jackson
 17. (a) Burial (b) Date thereof 4 13 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park
 18. (a) Signature of funeral director Parker Hunsaker
 (b) Address Joplin, Mo
 19. (a) 4-12-43 (b) Arthur Dusholte
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th
 year 1943 hour 3 minute A M.

21. I hereby certify that I attended the deceased from March 15, 1943, to April 11, 1943
 that I last saw her alive on March 15, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Myocarditis
 Due to 6546

Other conditions 9321
(Include pregnancy within 3 months of death)

Major findings:
 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? 0
(Specify type of place) (e) Means of injury
 23. Signature H. Perleour (M. D. or other).....
 Address Joplin Mo Date signed 4/12/43

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

15-4-36 0

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.