

Registration District No. 360

Primary Registration District No. 6225

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Newada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp No 3, 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 mo. 4 days. (Specify whether
In this community same time. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 108
(c) City or town 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 _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1943 hour 12 noon minute _____ M.
21. I hereby certify that I attended the deceased from 4-12-1943
19____ to 5-23-1943 19____;
that I last saw her alive on 5-22-1943 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 2 days

Due to _____ 107

Due to _____

Other conditions Status Epilepticus
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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)
(c) Means of injury _____

23. Signature R B Hester (M. D. or other) MD
Address State Hosp. 3 Newada Date signed 5-23-43

3. (a) PRINT FULL NAME Violet Strong Hankins

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

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

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

7. Birth date of deceased Dec. 20 1912
(Month) (Day) (Year)

8. AGE: Years 30 Months 5 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Joplin Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name H. H. Dooley

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

14. Maiden name unknown

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

16. (a) Informant H. H. Dooley

(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 5-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Chapel

18. (a) Signature of funeral director Marshall C. Kuehner

(b) Address Newada Mo.

19. (a) 5-24-43 (b) Hazel B. Kewack
(Date received local registrar) (Registrar's signature)

1531

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 5-43-566
Date Filed 6-15-43

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 Mark Eubinger
Licensed Embalmer No. 2656
P. O. Address Durand, 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.