

FILED JUL 26 1943
Registration District No. 2001

Primary Registration District No. 2001

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:
312 Oak /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 Years (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Sarah Ann Fowler

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 W 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 7 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 3 24 hr. min.

9. Birthplace Carter Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin Hassell
13. Birthplace Unknown Tenn /
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Gassett
15. Birthplace Unknown Tenn. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Little

(b) Address 312 Oak

17. (a) Burial (b) Date thereof 7/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

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

(b) Address Joplin, Missouri

19. (a) 7-3-43 (b) Gertie Suedholter
(Date received local registrar) (Registrar's signature)

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. 312 Oak
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1943 hour 6 minute 15 a. m.

21. I hereby certify that I attended the deceased from Jan 1 - 1943
_____ 19 _____ to Jan 30 19 43
that I last saw her alive on Jan 30 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Hypertension
Due to _____

Other conditions 932
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

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 0

23. Signature J. M. Krass (M. D. or other) _____
Address Joplin Mo Date signed 7-3-43

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

8

49
2
5

43-6-577

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 Steve D. Parker
Licensed Embalmer No. 2548
P. O. Address God's Way

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.