

Registration District No. 156

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:
Freeman Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
 (Specify whether
 In this community 1 week
 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. 825 Indiana
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Nancy Tippitt
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 2
 year 1943 hour 1-00 P.M. minute _____ M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased July 25, 1943
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-25 1943 to Aug 2 1943
 that I last saw her alive on Aug 2 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

8. AGE: Years Months Days If less than one day
8 hr. _____ min.
 9. Birthplace Joplin Missouri
 (City, town, or county) (State or foreign country)

Due to Premature delivery
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation Infant
 11. Industry or business _____
 12. Name Meril E. Tippitt
 13. Birthplace Siloam Springs Ark.
 (City, town, or county) (State or foreign country)
 14. Maiden name Lena Arnold
 15. Birthplace Camdon Co. Missouri
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
159

16. (a) Informant Meril E. Tippitt
 (b) Address 825 Indiana Ave. Joplin Mo.
 17. (a) Burial (b) Date thereof 8-4-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fairview Cem.
 18. (a) Signature of funeral director Hurlbut Und. Co.
 (b) Address Joplin, Mo.
 19. (a) 8-4-43 (b) Arthur S. Sushak
 (Date received local registrar) (Registrar's signature)

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 W. B. Woodland (M. D. or other)
 Address Joplin Mo. Date signed 8-4-43

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

MOTHER FATHER

1204

43-7-690

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: *[Handwritten Signature]*
Licensed Embalmer No. *91-9*
P. O. Address *[Handwritten Address]*

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.