

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jonlin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 213 Virginia
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 years _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Jonlin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 213 Virginia
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 1

3. (a) PRINT FULL NAME Amanda Harris

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

4. Sex 3 F 5. Color or race R 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 Oct. 23 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 10 If less than one day
hr. _____ min. _____

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

10. Usual occupation housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Steve Jarrett
13. Birthplace Unknown Tenn. 1
(City, town, or county) (State or foreign country)
14. Maiden name Sally Clayton
15. Birthplace Unknown Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Steve Jarrett
(b) Address 213 Virginia

17. (a) burial (b) Date thereof Sept. 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkway

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

(b) Address Jonlin, Missouri

19. (a) 9-7-43 (b) Gertud Sushutter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
year 1943 hour 3 minute 30 PM

21. I hereby certify that I attended the deceased from August 17 1943 to Sept 3 1943
that I last saw her alive on Sept 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension
Myocarditis
Due to Myocarditis
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none 131
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? _____

23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 9/7/43

Duration Several months
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

43-9-785

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.