

**FILED** SEP 24 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 520

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

6125

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community All Her life (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049  
(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL") 5  
(d) Street No. 1502 Mo.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mildred Bernice Rooks

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

4. Sex F 5. Color or race M 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Byron M. Rooks Jr. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 19 1917  
(Month) (Day) (Year)

8. AGE: Years 26 Months 1 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Newton Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Roy Snow  
13. Birthplace No record 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Greer  
15. Birthplace No record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Byron M. Rooks Jr.  
(b) Address 1502 Missouri

17. (a) Burial (b) Date thereof 9/15/43  
(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, Missouri

19. (a) 9-15-1943 (b) Hutanda Susholter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11  
year 1943 hour 9 minute 15 p.M.  
21. I hereby certify that I attended the deceased from 9-10-43  
19 \_\_\_\_\_ to 9-11-43 19 \_\_\_\_\_  
that I last saw her alive on 9-11-43 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death Toxic myocarditis Duration 5 days

Due to general peritonitis  
to pyomyositis  
Due to following delivery of  
normal child 9-5-43 by an  
Other conditions paternal  
(Include pregnancy within 3 months of death)

Major findings: 147a  
Of operations \_\_\_\_\_  
Of autopsy about findings

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) (City or town) (County) (State)  
Means of injury \_\_\_\_\_

23. Signature B. B. Lester (M. D. or other) \_\_\_\_\_  
Address Joplin, Mo. Date signed 9-15-43

241  
23/43

43-9-772

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OCT 1 1948

SEP 24 1948

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 HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.