

38100

State File No.

FILED DEC 13 1943

Registrar's No. 643

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:
Joplin General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
(Specify whether
In this community All life
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. 2502 Willard St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Evelyn Louise West

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

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 November 22, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 hr. 20 min.

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

10. Usual occupation Child

11. Industry or business

12. Name Connie West Ladue Missouri
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name Evelyn Howard
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Connie West
(b) Address 2502 Willard Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-43
(Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Missouri

19. (a) 11-23-43 (b) Gutierrez-Sudholter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1943 hour 9:15 P. M. minute M.

21. I hereby certify that I attended the deceased from birth
11-22-1943 to 11-22-1943
that I last saw her alive on 11-22-43 and that death occurred on the date and hour stated above.

Immediate cause of death Heart & respiratory failure
Due to traumatic injury
Due to 4 1/2 months

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 159
Of autopsy

Duration

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) (e) Means of injury

23. Signature W.E. Heiler (M. D. or other) DO.
Address 521-W-43 Joplin Date signed 11-23-43

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

113-11-944

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 *msb*

1, Registered Apprentice No. _____

working under my personal supervision.

no Embalming

Signed *Perret K. Schubert*

Licensed Embalmer No. *959*

P. O. Address *John W. Co*

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.