

FILED FEB 1 1946
Register's District No. 2001

Primary Registration District No. 2001

Registrar's No. 27

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

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether)

In this community 3 weeks
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. 2114 Picher Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wanda Lee Cashion

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex F 5. Color or race W 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: December 21, 1943
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Elmer Lee Cashion

13. Birthplace Collinsville Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Wanda Rice

15. Birthplace Arkansas City, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Lee Cashion

(b) Address 2114 Picher, Joplin, Mo.

17. (a) burial (b) Date thereof 1/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osark Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin Mo

19. (a) 1-14-44 (b) Gertrude Sudhutte
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11
year 1944 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 6 1944 Jan 11 1944
that I last saw her alive on Jan 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Gastro-enteritis Duration 5 da

Due to Infectious type

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1944

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) (Specify type of injury)

23. Signature Ernest Mitchell M.D. or other MD
Address Joplin Mo Date signed 1-12-44

44-1-83

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 J. M. Jones

Licensed Embalmer No. 2719

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.