

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 114

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: 1920 Porter Ave.
(d) Length of stay: In hospital or institution 32 years.
In this community 32 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 1920 Porter
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Addie L. Wasserman
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 22 year 1944 hour 11 minute 40 A.M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Frank
(c) Age of husband or wife if alive 72 years
7. Birth date of deceased: Jan 4 1872

21. I hereby certify that I attended the deceased from 2-12-43 to 2-22-44 that I last saw him alive on 2-19-44 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 18 Days 18 min.
9. Birthplace Keokuk Iowa

Immediate cause of death: Malignant tumor colon

10. Usual occupation Housewife
11. Industry or business John Fox
12. Name John Fox
13. Birthplace Joplin
14. Maiden name No Record
15. Birthplace No Record

Other conditions: Bronch. pneumonia

16. (a) Informant Frank Wasserman
(b) Address 1920 Porter Ave
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 2-24-44
(c) Place: burial or cremation: Mt. Hope Cem.
18. (a) Signature of funeral director: Thambill
(b) Address: Joplin, Mo.
19. (a) Date received local registrar: 2-23-44 (b) Registrar's signature: Gertrude Busholter

Major findings: Of operations: H&E
Of autopsy:

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?
(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: Mary L. Mack (M. D.)
Address: Joplin Date signed: 2-22-44

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

44-2-178

FEB 19 1967

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.....

Cent. Thonchiel

Licensed Embalmer No. *3590*

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.