

FILED APR 20 1944

Registration District No. 158

Primary Registration District No. 2001

Registrar's No. 176

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:
211 Forest Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 years 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. 211 Forest Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel Elza Cash

3. (b) If veteran, name war World War 3. (c) Social Security No 491-01-3036

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nellie M. Cash 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased May 6, 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 10 29 hr. _____ min.

9. Birthplace Eureka Springs, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation electrician

11. Industry or business _____

12. Name Joseph F. Cash 13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Nettie Flake 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie M. Cash

(b) Address 211 Forest, Joplin, Missouri

17. (a) burial (b) Date thereof 4/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 4-4-44 (b) Arthur D. Dunbar
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1944 hour 12:30 minute 4 M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw did not see him alive alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

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? _____ (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)
(b) Means of transport _____
Signature Arthur D. Dunbar (M. D. or other) _____
Address Carthage, Mo Date Apr 7, 1944

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1204

44-4-326

FEB 24 1945

SEP 4 1945

MAY 2 1945

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.