

S. No. 2
DM-5-43
v. 5-17-39
X36671

FILED AUG 25 1944
Registration District No. 156

Primary Registration District No. 200

Registrar's No. 395

49
2
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: nursing home 521 N wall
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution since July 18th
(If not in hospital or institution, write street number or location)

In this community 3 weeks
(Specify whether 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. 108 1/2 main st
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Minnie Almy

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife Leroy 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 7 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Rockford Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic labor

11. Industry or business no record

12. Name no record

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Joplin Health & Welfare Assn

(b) Address 513 1st Ave

17. (a) Burial (b) Date thereof 8-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview cem

18. (a) Signature of funeral director Therrell Dillon

(b) Address 4th & Wall St

19. (a) 8-11-44 (b) Glenn D. Searles
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1944 hour 12 minutes 15 P. M.

21. I hereby certify that I attended the deceased from July 16 1944 to July Aug 9 1944
that I last saw her alive on Aug - 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN 1318

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 E. E. Cook (M. D. or other) 8/10/44

Address Joplin Mo Date signed _____

1204

44-8-666

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

Paul A. Hornhill

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.