

2-8-43
5-17-39
X37823

FILED DEC 11 1944
Registered District No.

Primary Registration District No. 2001

Registrar's No. 560

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 2331 Tyler Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 53 years (Specify whether years, months or days)

In this community 53 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2531 Tyler 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 7

3. (a) PRINT NAME Mrs Elizabeth Madden Hammond
FULL NAME

3. (b) If veteran, name war No

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1944 hour 4 minute 30 P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if alive 1869 years

7. Birth date of deceased: Sept 3 1869
(Month) (Day) (Year)

I hereby certify that I attended the deceased from July 15 to Nov 19 1944
that I last saw her alive on Nov 16 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 2 Days 16
If less than one day hr. min.

Immediate cause of death Carcinoma of uterus Duration 1 Year

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 48

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

10. Usual occupation Housewife

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name William Spears

13. Birthplace Cole County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Carncutt

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

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?.....

16. (a) Informant Mrs May Hays

(b) Address 2529 Tyler

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 11-22-44 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem Hurlbut Und Co. Joplin, Mo.

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 11-22-44 (Date received local registrar)

(b) Arthur S. Smith (Registrar's signature)

While at work (Specify type of place) (c) Means of injury.....

23. Signature A. H. Walker (M. D. or other).....

Address Joplin MO Date signed 11-27-44

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

Dr. Walker - James Kelly

44-12-1010

L.

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 *Terry T. Hubert*

Licensed Embalmer No. 959

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.