

FILED DEC 26 1944

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 578

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. Johns Hospital
(d) Length of stay: In hospital or institution: Since Oct. 20, 1944
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 728 Byers Ave
(e) Citizen of foreign country? No
If yes, name country No

3. (a) PRINT FULL NAME Mary Elizebeth Ammerman

3. (b) If veteran, name war No
3. (c) Social Security No No

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced, or single single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 4, 1862

8. AGE: Years 82 Months 3 Days 28
If less than one day hr. min.

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

10. Usual occupation retired spinster

11. Industry or business

MOTHER FATHER
12. Name Jonathan Reed Ammerman
13. Birthplace Bourbon Co. Ky.
14. Maiden name Sarah Ann Hardy
15. Birthplace Fountain Co. Indiana.

16. (a) Informant Jack Ammerman
(b) Address 728 Byers Ave. Joplin Mo;
17. (a) Burial (b) Date thereof Dec 5, 1944
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.
19. (a) 12-4-44 (b) Gestunde Seeshalter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 2, day 1944
year 2-15 P.M. hour minute M.

21. I hereby certify that I attended the deceased from 11-25, 1944 to 12-2, 1944
that I last saw her alive on 12-2-44
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure (chronic) acute
Duration 1 mo.

Other conditions Carcinomatosis
(Include pregnancy within 6 months of death) 6 mo

Major findings: Primary unknown
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Means of injury
23. Signature M.F. Hall M.D. (M. D. or other)
Address 622 Grove Bldg Joplin Mo Date signed 12-4-44

1204

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

44-12-1021

MAY 29 1958

FEB 1 1958

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 K. Furlbut

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.