

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED JAN 8 1946

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 607

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

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:
Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Hrs
(Specify whether)

In this community 10 Yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Joplin-Mo; (b) County Jaaper 49

(c) City or town Joplin
(If outside city or town limits, write "RURAL") 51

(d) Street No. No. Main St. Road
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Grace Cook Ligitt

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 Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased August 3rd 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>4</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace Canonsburg Pa
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housewife

MOTHER { 12. Name Silas Cooke

13. Birthplace Cross Creek Village Pa
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Musser

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

16. (a) Informant Mrs. Clyde Coley

(b) Address Freemont, Nebr

17. (a) Cremation (b) Date thereof 12 20 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo;

18. (a) Signature of funeral director Parker Hunsaker

(b) Address Joplin, Mo;

19. (a) 12-19-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17th
year 1944 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 17 1944 to Dec 17 1944
that I last saw h. or alive on Dec 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to 94a

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

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)

23. Signature [Signature] (M. D. or other) MD

Address Joplin Mo Date signed 12/19/44

1205

#4-12-1046

JAN 10 1943

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.