

JAN 24 1945  
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 21

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) 0

(d) Length of stay: In hospital or institution 3 Days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Neosho Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1  
(If rural, give location)

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

3. (a) PRINT FULL NAME Josie Arnold De Moss

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 498-28-6987

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 8th  
year 1945 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from  
Jan 5 1945 to Jan 8 1945  
that I last saw her alive on Jan 8 1945  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, divorced, Married

6. (b) Name of husband or wife Norman De Moss

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept 29 1886  
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 830

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 58 Months 3 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Augusta Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Assistant Chef

11. Industry or business Camp Crowder

12. Name Floyd Arnold

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Ashworth

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

16. (a) Informant Norman De Moss

(b) Address Neosho Missouri

17. (a) Removal (b) Date thereof 1-8-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho Mo

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

(b) Address Neosho Missouri

19. (a) 1-8-45 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy none made

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? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature chaos Reed (M. D. or other)  
Address Joplin Mo Date signed 1-25-45

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

9  
2  
6

45-1-21

**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 *J. W. Brigham*  
.....

Licensed Embalmer No. *2689*

P. O. Address *Needles 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.**