

Registration District No. 156 Primary Registration District No. 2001

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Jasper
 (c) Name of hospital or institution St Johns
 (d) Length of stay: In hospital or institution 2 weeks
 In this community Leflore (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper 49
 (c) City or town Jasper 2
 (d) Street No. 120 Moffet 5
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Mabel Saunders
 3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex 41
 5. Color or race W
 6. (a) Single, widowed, married, divorced K
 6. (b) Name of husband or wife H. B.
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Feb 13-1881 (Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Potosi Mo (City, town, or county) Ark (State or foreign country)

10. Usual occupation
 11. Industry or business Housewife

12. Name John W. Miller
 13. Birthplace Linnville Ind (City, town, or county) (State or foreign country)
 14. Maiden name Mollie Burrowside
 15. Birthplace St. Charles Mo (City, town, or county) (State or foreign country)

16. (a) Informant H. B. Saunders
 (b) Address 120 Moffet

17. (a) burial (b) Date thereof 1-22-45 (Month) (Day) (Year)
 (c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Charles Nelson
 (b) Address 7th + Wall St Jasper

19. (a) 1-23-45 (Date received local registrar)
 (b) Registrar's signature

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 21 year 1945 hour 8 minute 40 a.M.
 21. I hereby certify that I attended the deceased from 1-10 1945 to 1-21 1945
 that I last saw her alive on 1-21 1945 and that death occurred on the date and hour stated above.

Immediate cause of death
 Cholesterol embolus
 Due to
 Cerebral Myocarditis
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: 131a
 Of operations
 Of autopsy

Duration
 several
 years
 2 1/2
 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?
 While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)
 Address [Address] Date signed 22-45

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

45-1-47

MAR 13 1956

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..... *David Dillon*

Licensed Embalmer No. *3898*

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.