

FILED MAY 22 1945
Registration District No. 158

Primary Registration District No. 2001

Registrar's No. 219

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: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee

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

(d) Street No. 1016 W. Second
(If rural, give location)

(e) Citizen of foreign country? no 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lena Harvey Schwinn

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Harold A. Schwinn

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

7. Birth date of deceased March 9, 1912
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>2</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace Wyandotte Oklahoma
(City, town, or country) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Noah Harvey

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

14. Maiden name Rosina Hegwer

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

16. (a) Informant Harold A. Schwinn

(b) Address 1016 W. 2nd, Coffeyville, Ka.

17. (a) Funeral (b) Date thereof 5/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rest Lawn Cemetery Coffeyville, Kansas

18. (a) Signature of funeral director Ford Funerals Home

(b) Address Coffeyville, Kansas

19. (a) 5-11-45 (b) Walter Howard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1945 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-30-45 19. to 5-9-45 19. ;
that I last saw her alive on 5-9-45 19. ;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Peric abscess from Ruptured appendix 4 wks.

Due to _____

Rectal Fistula 3 days

Due to _____

Other conditions 1390
(Include pregnancy, within 3 months of death)

Major findings: unable to remove organs, drained.

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? _____
(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)

(c) Means of injury Ⓢ

Signature Walter Howard (M. D. or other) _____
Address Joplin Mo Date signed 5/11/45

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

19
20
21

1-266

45-5-415

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.