

1-2-43
5-17-39
1 X35692

State File No. _____

Registrar's No. _____

Registration District No. _____

Primary Registration District No. 2007

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. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 3 mo.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 309 Byers
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lida Jane Stuckey

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex fem / 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife James E.
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 5th 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 5 7 hr. min.

9. Birthplace Shamrock Okla.
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business _____

MOTHER FATHER

12. Name John Sullivan
13. Birthplace Guthrie Okla.
(City, town, or county) (State or foreign country)
14. Maiden name Hazel Slusser
15. Birthplace Howe Okla.
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Stuckey
(b) Address 309 Byers Joplin Mo.
17. (a) removal (b) Date thereof 9 12th -45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kilgor Tex.

18. (a) Signature of funeral director Parker Hunsaker
(b) Address 1502 Joplin St. Joplin Mo.
19. (a) 9-12-45 (b) C. D. Slusser
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th
year 1945 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Sept 11 to Sept 12, 1945
that I last saw her alive on Sept 11, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Brown ataxia
Duration 4 days

Due to metastases

Due to _____

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

Major findings: Of operations gob
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 _____
23. Signature H. L. Verbeur (M. D. or other) _____
Address Joplin Mo Date signed 9-12-45

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

1404

45-9-777

OCT 19 1945

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 HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.