

STANDARD CERTIFICATE OF DEATH

State File No. **83963**

FILED Oct 30 1945
Registration District No. 1-5-5

Primary Registration District No. 2001

Registrar's No. _____

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: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper ⁴⁹
(c) City or town Joplin ²
(If outside city or town limits, write "RURAL")
(d) Street No. 124 No. Byers ⁵
(If rural, give location)
(e) Citizen of foreign country? no ⁰ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carrie Rhoba Jardine

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 W. H. Jardine 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 24 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Providence Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Edminster

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

14. Maiden name Unknown Blandel

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

16. (a) Informant Harry Edminster, Brother

(b) Address Carl Junction, Mo

17. (a) Removal (b) Date thereof Oct 8, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oswego, Kansas

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 10-6-45 (b) Ed W. James
(Date received local registrar) (Registrar's signature) PR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1945 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from _____
did not 19____ to _____ 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration _____

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy Cadaver Investigation 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 Ed W. James (M. D. or other) _____

Address 1014 Joplin St. Date signed 10-5-45
Carrie Rhoba Jardine, Mo.

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

49
2
5

1404

45-10-809

NOV 2 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

Steve Parker

Licensed Embalmer No.

25148

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.