

FILED DEC 3 1945

Registration District No. 156

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: Freeman Hospital (1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community 27 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 60

(c) City or town Anderson 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Blanche Q. Culbertson

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 married

6. (b) Name of husband or wife W. L. Culbertson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 26, 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Mexico Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Phil Quisenberry

13. Birthplace Bonengreen Kentucky 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant W. L. Culbertson

(b) Address Anderson, Missouri

17. (a) Burial (b) Date thereof 11-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cem., Carthage

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

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 11-15-45 (b) Ed Jasper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13th
year 1945 hour 10 minute 45 PM.

21. I hereby certify that I attended the deceased from Oct 24
1945 to Nov 13, 1945

that I last saw her alive on Nov 13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arterial hypertension over 2 mo

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature Dahl Jensen (M. D. or other)

Address Joplin Mo Date signed 1-14-46

Duration

5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19
2
5

1484

45-11-900

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.