

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: **St. John's Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 week**
 In this community **years, months or days** _____
 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **999**
 (c) City or town **Joplin, Kansas** **14**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **R.#1** (If rural, give location) **0**
 (e) Citizen of foreign country? _____ (Yes or No) **2**
 If yes, name country _____

3. (a) PRINT FULL NAME **Bessie Brown**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color of hair **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Widowed** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept 9 1880**
 (Month) (Day) (Year)

8. AGE: Years **65** Months **4** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **Hallowell, Kansas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER {
 12. Name **Doris**
 13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
 14. Maiden name **Doris**
 15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mabel Melville**

(b) Address **Joplin, Mo.**

17. (a) **Removal** (b) Date thereof **June 24 - 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery, Joplin, Mo.**

18. (a) Signature of funeral director **Walt City, Mo.**

(b) Address **Walt City, Mo.**

19. (a) **1-25-46** (b) **Ed Springs**
 (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **21**
 year **1946** hour **8:34** minute **0** M.

21. I hereby certify that I attended the deceased from **Jan 14** 1946 to **Jan 21** 1946
 that I last saw her alive on **Jan 21** 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death **Yellow fever for - Splenic infarction**

Due to _____

Due to _____

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

Major findings: Of operations **12:2**
 Of autopsy _____

Duration

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 **E. C. Coats** (M. D. or other) **0**
 Address **Joplin, Mo.** Date signed _____

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

46-1-89

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 myself

Registered Apprentice No. _____

working under my personal supervision.

Signed Clayton M Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.