

No. 2
-2-43
-17-39
X3569

FILED MAR 6 1946
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH: **JASPER**

(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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County LAWRENCE 55

(c) City or town PIERCE CITY MO 4
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country _____

3. (a) PRINT FULL NAME BERTHA ONE DOUTHITT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FM 1 5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife CLYDE DOUTHITT

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

7. Birth date of deceased OCT 30 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace MONETT MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER

12. Name D.L. MITCHELL

13. Birthplace DENTON CO. MO.
(City, town, or county) (State or foreign country)

14. Maiden name LOUCINDA A. DRAKE

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

16. (a) Informant _____
(b) Address _____

17. (a) BURIAL (b) Date thereof 3 15 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PIERCE CITY, MO.

18. (a) Signature of funeral director W.M. J. WESSFELL
(b) Address PIERCE CITY MO

19. (a) 2-14-46 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1946 hour 12:30 minute 0 A. M.

21. I hereby certify that I attended the deceased from Jan 30/46
to Feb 12 1946
that I last saw her alive on Feb. 19____
and that death occurred on the date and hour stated above.

Immediate cause of death symptomatic leukemia

Duration ?

Due to _____

Due to _____

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

Major findings: Of operations N/A

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)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) 0
Address [Address] Date signed Feb 2/14/46

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

46-2-134

DEC 30 1955

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..... *Gordon Bennett*

Licensed Embalmer No..... *4213*

P. O. Address..... *Cassville*

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.