

No. 2
2-43
-17-39
X35697

FILED No. **1830** 9 1946

Primary Registration District No. **2001**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Mrs. Julia Blair Nursing Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 1/2 years**
(Specify whether years, months or days) **60 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **Joplin MO 2513 Empire St**
(If outside city or town limits, write "RURAL") **5**
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME

Hattie Edles

3. (b) If veteran, name war

N.O.

3. (c) Social Security No.

N.O.

4. Sex **Female**

5. Color or race **white**

6. (a) Single, widowed, married, divorced, **Widow**

7. (b) Name of husband or wife **Samuel Jefferson Edles** (c) Age of husband or wife if deceased **deceased** years

7. Birth date of deceased **January 15 1870**
(Month) (Day) (Year)

8. AGE: Years **75** Months **11** Days **19** If less than one day hr. min.

9. Birthplace **Corvillle Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Nathanial Evans**

13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **No Record**

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

16. (a) Informant **William W. Edles**

(b) Address **311 S. Orange Okla. Fla**

17. (a) **Removal** (b) Date thereof **1-4-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Messer Cemetery Cherokee Co.**

18. (a) Signature of funeral director **Chas. W. Brumback**

(b) Address **1502 Joplin Joplin Mo.**

19. (a) **1-12-46** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **3**
year **1946** hour **3** minutes **P.M.**

21. I hereby certify that I attended the deceased from **Jan 10**, 1945, to **Jan 2**, 1946, that I last saw him alive on **Jan 2**, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of Stomach and Duodenum**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **H&K**

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)

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. E. G. G.** (M. D. or other) **0**

Address **Joplin Mo** Date signed **7-0-46**

46-1-46

APR 16 1946

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. 2548

P. O. Address Poplar Ave

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.