

FILED FEB 19 1946 STANDARD CERTIFICATE OF DEATH

6096

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH

(a) County Jasper
 (b) City or town Jasper
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jasper General Hospital
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution November 10-45
 (Specify whether years, months or days)
 In this community Jasper Co 1907

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
 (c) City or town Rt # 4 Carthage, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Ada Everett

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

1

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. D. Everett

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

7. Birth date of deceased

Nov

27

1887

8. AGE:

Years

Months

Days

If less than one day

58

1

11

hr.

min.

9. Birthplace

Nebraska City

Nebr.
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Henry Eaton

13. Birthplace

Nebr
(City, town, or county) (State or foreign country)

14. Maiden name

Mary E. Ferguson

15. Birthplace

South Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant

William Douglas Everett

(b) Address

Rt. 4, Carthage Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

1-11-46
(Month) (Day) (Year)

(c) Place: burial or cremation

Bark Memorial

18. (a) Signature of funeral director

Charis Hill

(b) Address

305 W. 4th St

19. (a) 1-9-46

(Date received local registrar)

(b) [Signature]

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
 year 1946 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Nov 3, 1945, to Jan 7, 1946
 that I last saw her alive on Jan 7, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death

Heart & Respiratory failure

Duration

Due to

Metastatic Carcinoma

Due to

Carcinoma Cervix

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 W.E. Heinke (M.D. or other) _____

Address Jasper, Mo Date signed 1-8-46

13

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

46-155

MAR 25 1949

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 David E. Hillon

Licensed Embalmer No. 3898

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.

Registration District No. 156 Primary Registration District No. 2001

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 _____ (Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Ada Everett

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

4. Sex _____ 5. Color or race _____ 6. (a) Single, widowed, married, married

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months _____ Days _____ (If less than one day _____ hr. _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

6096