

FILED FEB 19 1946

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:  
1104 West 22nd Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 70 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1104 West 22nd Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Rebecca Howell

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife George M. Died Aug 2, 1944 6. (c) Age of husband or wife if \_\_\_\_\_ years  
7. Birth date of deceased Jan 10, 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>0</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation \_\_\_\_\_

11. Industry or business housewife

MOTHER FATHER  
12. Name James H. Roten  
13. Birthplace Liberty, Mo. (State or foreign country)  
14. Maiden name Nancy Schell  
15. Birthplace Sage Ark (State or foreign country)

16. (a) Informant Stella Clark  
(b) Address 3328 Moffett  
17. (a) burial (b) Date thereof 1-30-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem  
18. (a) Signature of funeral director Thornhill-Dillon  
(b) Address Joplin, Mo.

19. (a) 1-29-46 (b) Ed J. James  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28  
year 1946 hour 9 minute 35 A M.

21. I hereby certify that I attended the deceased from Jan - 1946 to Jan. 28 1946  
that I last saw her alive on Jan. 28 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis with myocardial degeneration 1 yr.  
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) (c) Means of injury \_\_\_\_\_  
23. Signature Ed J. James (M. D. or Registrar)  
Address Joplin, Mo. Date signed 1/29/46

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

46-1-97

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**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 Dillon*.....

Licensed Embalmer No..... *3898*.....

P. O. Address..... *Joplin, Missouri*.....

**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.**