

FILED APR 17 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 136

Primary Registration District No. 5001

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. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)
In this community 6 years

3. (a) PRINT FULL NAME Sallie Abbott

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 ✓
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 21 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 9 17 hr. _____ min.

9. Birthplace Green County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Richard Rose

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

14. Maiden name Angie

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

16. (a) Informant Mrs. Clifford Hardy

(b) Address Riverton, Kansas

17. (a) Burial (b) Date thereof 3-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barker-Hunsaker

18. (a) Signature of funeral director Barker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 3-20-46 (b) Belle Benson, D.M.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 1318 Pearl
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 11 hour 30 minute A. M.

21. I hereby certify that I attended the deceased from April 38 to March 10, 1946
that I last saw him alive on 3/10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death acute heart dilatation
Due to illness

Due to Hypertension
Other conditions (Include pregnancy within 3 months of death)

Major findings: 3
Of operations 950
Of autopsy _____

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?

(Specify type of force) _____
While at work _____
23. Signature [Signature] (M. D. or other) 3/14/46
Address _____ Date _____

46-3-250

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 F. M. Jones

Licensed Embalmer No. 2319

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.