

FILED APR 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH: Jasper

(a) County Joplin

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 years (Specify whether years, months or days)

In this community 55 years

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. 1214 West Ninth
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Hattie Bell Ellsworth.

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

4. Sex Female 5. Color W 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased March 9th 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>11</u>	<u>23</u>	_____hr. _____min.

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

10. Usual occupation House futy

11. Industry or business _____

12. Name Samuel Hooker

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

14. Maiden name Mary Brown

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

16. (a) Informant Mrs. Ketha Cooley

(b) Address 1214 West 9th st.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview cemetery

18. (a) Signature of funeral director Hulbert and Co.

(b) Address Joplin, Missouri

19. (a) 3-4-46 (Date received local registrar) (b) Dellie Pearson, D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1946 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 15 1946 to March 2 1946 that I last saw or alive on July 28 1946 and that death occurred on the date and hour stated above.

Immediate cause of death MI 40 carditis
Due to Mitral Regurgitation

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

Major findings: Of operations 93%
Of autopsy _____

Duration 6 mos

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? _____

(Specify type of place) While at work? _____ (b) Means of injury 0
23. Signature H. Verleur (M. D. or other) _____
Address Joplin Mo Date signed 3-4-46

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

MOTHER FATHER

46-3-257

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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.....

Terry K. Schubert

Licensed Embalmer No.....

P. O. Address.....

959
Japan Hill

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.