

FILED AUG 20 1946

Registration District No. _____ Primary Registration District No. 2001 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
 (c) Name of hospital or institution St. Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay in hospital or institution _____ (Specify whether years, months or days) 9 yrs

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. 14 1/2 Main
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Josephine Agnes Pheasant
3. (b) If veteran name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 15 year 1946 hour 7:30 minute a M.
21. I hereby certify that I attended the deceased from July 8 1946 to July 14 1946
 that I last saw her alive on July 14 1946
 and that death occurred on the date and hour stated above
 Immediate cause of death Angina Pectoris Duration 10 days

4. Sex Female **5. Color of race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. M. Roberts **6. (c) Age of husband or wife if alive** 55 years
7. Birth date of deceased August 2 1912
 (Month) (Day) (Year)

Due to Myocarditis 3 years

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>11</u>	<u>13</u>	hr. min.

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

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

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings: 93 D
 Of operations _____
 Of autopsy _____

10. Usual occupation _____
11. Industry or business Housewife
12. Name Josephine Pheasant
13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant J. M. Roberts
(b) Address Joplin, Mo
17. (a) Burial **(b) Date thereof** July 17, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Debra Memorial Care
18. (a) Signature of funeral director W. H. City
(b) Address North City
19. (a) 7-16-46 **(b)** Ed Sprague
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0
23. Signature J. A. Learning (M. D. or other)
Address Erico Bldg Joplin **Date signed** 7-16-46

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

9
2
5

26684

46-7-658

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 myself
....., Registered Apprentice No.

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Wells City, 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.