

S. No. 2
OM-5-43
v. 5-17-39
1 X38671

FILED SEP 18 1946

Registration District No. 136

Primary Registration District No. 2001

Registrar's No. _____

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

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:
1410 Joplin 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 10 years
years, months or days)

3. (a) PRINT FULL NAME Osta Jameson
 3. (b) If veteran, name war ***
 3. (c) Social Security No. ***

4. Sex Fem / 5. Color or race W
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 4, 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 14
 If less than one day hr. _____ min. _____

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

10. Usual occupation Home duties

11. Industry or business _____

12. Name A. M. Hart

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

14. Maiden name Jane N. Wilson

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

16. (a) Informant Miss G. M. Reed

(b) Address 1410 Joplin St., Joplin, Mo.

17. (a) Burial (b) Date thereof 8-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shirwood Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.
 (b) Address Joplin, Mo.

19. (a) 8-20-46 (b) Ed James
(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")
 (d) Street No. 1410 Joplin Street 5
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 18
 year 1946 hour 7 minute - p.m.

21. I hereby certify that I attended the deceased from 2 mch 30 1946, to Aug 18 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
 Due to Arterio Sclerosis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 94 B
 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? _____

While at work? _____ (Specify type of place) Means of injury _____
 23. Signature W. A. ... (M. D. or other) _____
 Address Joplin Mo. Date signed 8/20/46

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

46-8-763

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.....

Robert M. Bering

Licensed Embalmer No.....

3566

212

F. O. Address.....

Joplin St 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.