

FILED DEC 10 1946
136

Registration District No. _____

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: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 24 Years (Specify whether 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. 315 Michigan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary J. Jones

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W.E. Jones 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased December 20 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business

12. Name J.R. Robinson
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Christine Jennings
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant W.E. Jones
(b) Address 315 Michigan Joplin Mo

17. (a) RURAL (b) Date thereof 10-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oshorne Memorial Cem

18. (a) Signature of funeral director Hurlbut Und. Co

(b) Address Joplin, Mo

19. (a) 10-30-46 (b) Ed Janner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1946 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 8, 1946 to Oct 29, 1946, that I last saw her alive on Oct 28, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Lymphoid Leukemia

Due to Anemia Hillman

Due to _____

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

Major findings: Of operations 7/4/46

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) (e) Means of injury U

23. Signature W. Shorland (M. D. or D. O.)

Address Joplin Mo Date signed 10/29/46

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

36249

19
2

46-11-967

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 Perrey K. Hurlbert

Licensed Embalmer No. 959

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.