

FILED JAN 28 1946
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State File No. _____

Registration District No. _____

Primary Registration District No. 200

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:
1826 Byers
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 1826 Byers (If rural, give location) 5
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ ?

3. (a) PRINT FULL NAME Carrie Shoe

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 widowed

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

7. Birth date of deceased August 1 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 4 25 hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name John Ranson

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

14. Maiden name Mary Ann Davis

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

16. (a) Informant Fred Shoe

(b) Address 3416 Range Line, Joplin, Mo.

17. (a) Burial (b) Date thereof 12-28-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Parker-Hunsaker

18. (a) Signature of funeral director _____ (b) Address 1502 Joplin, Joplin, Mo.

19. (a) 12-31-46 (b) Ed Garner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1946 hour 4:45 minute A M.

21. I hereby certify that I attended the deceased from Nov 10 1945 to Dec 26 1946
that I last saw her alive on Dec. 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterine Duration 1 yr (?)

Due to _____
Due to _____

Other conditions the myocarditis 18 mo?
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 46E
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 0

23. Signature Jackson (M. D. or other) _____
Address Joplin Mo. Date signed 12/30/46

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46-12-1214

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..... *Josephine Ave*

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.