

FILED MAR 26 1947

State File No. _____

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 7

1. PLACE OF DEATH:

(a) County NEWTON
(b) City or town STELLA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CARDWELL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73
(c) City or town NEOSHO 3
(If outside city or town limits, write "RURAL")
(d) Street No. 308 E. MAIN 2
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JOA JANE IVIE

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

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 9 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>6</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation HOUSE WIFE

11. Industry or business OWN HOME

12. Name ENAS PATTERSON
13. Birthplace UNKNOWN INDIANA
(City, town, or county) (State or foreign country)
14. Maiden name MARY WEST
15. Birthplace UNKNOWN INDIANA
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh Patterson
(b) Address Grandy Mo

17. (a) Burial (b) Date thereof 3-2-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazel Green Cem.

18. (a) Signature of funeral director Edley Thompson
(b) Address Grandy Mo

19. (a) 3-18-47 (b) Alpha Dyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 28
year 1947 hour 2:20 minute _____ a. M.

21. I hereby certify that I attended the deceased from Jan. 27, 1947, to Feb. 28, 1947
that I last saw her alive on Feb. 28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Duration Don't know

Due to _____
Due to _____

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

Major findings: Of operations MI
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 _____

23. Signature S. Cardwell (M. D. or other) M.D.
Address Stella, Mo Date signed 3/11/47

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

MOTHER FATHER

RECEIVED
District Health Officer No. *Newton*
District File Number *347-58*
Date Filed *3-24-47*

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 *Corley Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Neosho 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.