

S. No. 2
 DM-5-43
 v. 5-17-39
 X 36671

State File No. **11061**
 Registrar's No. **2907**

FILED MAR 31 1947
 318

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Barnes Hospital, O
(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

3. (a) PRINT FULL NAME Jeanette Joplin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Feb 6th 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Robert Darnon

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

14. Maiden name Cora Norwell

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

16. (a) Informant Willard Skaut

(b) Address Pulaski Ill

17. (a) Removal (b) Date thereof 3-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pulaski Ill

18. (a) Signature of funeral director J. H. Handleman

(b) Address 3133 Bell Ave

19. (a) MAR 18 1947 (b) J. J. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1417 Marconi Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
 year 1947 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from February 28, 1947, to March 17, 1947, that I last saw her alive on March 17, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Shock Duration _____

Due to Peritonitis 2 days

Due to Pelvic abscess caused by low back post radiation effect in tract of carcinoma of the cervix

Other conditions metastasis of carcinoma
(Include pregnancy within 3 months of death)
 Major findings: Same as above

Of operations _____

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) _____
 (e) Means of injury _____

23. Signature F. R. Prudley (M. D. or other) _____
 Address Barnes Hospital Date signed 3-18-47

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.