

Registration District No. 156

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: 1401 West 2nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 32 years (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Martha A. Kinnard

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

4. Sex female Color or race white 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: December 28 1860 (Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 6 If less than one day hr. min.

9. Birthplace: Madisonville Tenn (City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business housework

12. Name Samuel Snider

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

14. Maiden name Mary Williams

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

16. (a) Informant Mrs Josie Kester

(b) Address 1403 West 2nd Street

17. (a) Burial (b) Date thereof May 6-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery Thornhill-Dillon

18. (a) Signature of funeral director Joplin, Missouri

(b) Address 5-5-47 (Date received local registrar) (c) Colleen Sampkins (Registrar's signature)

19. (a) 5-5-47 (Date received local registrar) (b) Colleen Sampkins (Registrar's signature)

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. 1401 West 2nd Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1947 hour 4 minute 40 a. M.

21. I hereby certify that I attended the deceased from Apr 10 47 to May 4 47 that I last saw her alive on May 1 47 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Pneumonia
Apr 10 to Apr 14 47

Duration 5 days

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

Major findings: Of operations
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:

(c) 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?

23. Signature: [Signature] (M. D. or other)
Address: Joplin, Mo Date signed: 5-5-47

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

2
45
39
47070

47-5-444

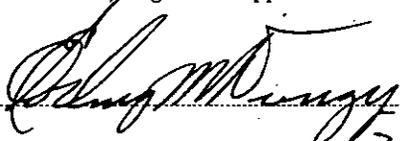
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....



Licensed Embalmer No. 3566

P. O. Address.....
Joplin, Missouri

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.