

FILED JUL 10 1947
Registration District No. **282**

Primary Registration District No. **282**

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:
St. John
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether
31 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. **1906 Murphy**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Bessie Kane**

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 **C. E. Kane** 6. (c) Age of husband or wife if alive **.....** years
7. Birth date of deceased **February 6 1889**
(Month) (Day) (Year)

8. AGE: Years **58** Months **3** Days **15** If less than one day **hr. min.**

9. Birthplace **Rock Island Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Charles Brown**
13. Birthplace **Sweden**
(City, town, or county) (State or foreign country)
14. Maiden name **Kate**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **C. E. Kane**
(b) Address **1906 Murphy, Joplin, Mo.**

17. (a) **Removal** (b) Date thereof **5-23-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rock Moline, Illinois**

18. (a) Signature of funeral director **Parker Hunsaker**
(b) Address **1502 Joplin, Joplin, Mo.**

19. (a) **5-22-47** (b) **Deloris Tompkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21**
year **1947** hour **2:00** minute **A** M.

21. I hereby certify that I attended the deceased from **Nov 1-5**
1946 to **May 21**, 19**47**
that I last saw him alive on **May 20**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarct** Duration **12 hrs**

Due to **Carcinomatous form carcinoma of colon**
Due to **bile duct**

Other conditions (Include pregnancy within 3 months of death) **46**

Major findings: Of operations **C. A. of common bile duct**
Of autopsy **Carcinomatous form C. A. of common bile duct**
Underline the cause of which death could 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?..... (Specify type of place)
While at work?..... (e) Signs of injury **0**
23. Signature **Deloris Tompkins** (M. D. or other) **0**
Address **Joplin Mo** Date signed **5-21-47**

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

47-6-521

JUL 11 1947

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 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.