

No. 2
-1/47
5-17-39

FILED DEC 9 1947 56
Registration District No. 56

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:
1005 North St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 55 yrs.
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. 1005 North St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

49
2
5
0

3. (a) PRINT FULL NAME Freely M. Seward

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11 1947
year _____ hour 10-00 A.M. minute _____ M.

5. Color or race white

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. 8, 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-31-47 to 10-11-47 that I last saw her alive on 10-9-47 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>8</u>	<u>3</u>	_____ hr. _____ min.

Immediate cause of death Hypertensive
neurovascular

9. Birthplace Brooklyn New York
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

Due to Bronchiectasis

Due to _____

11. Industry or business _____

12. Name James Warren

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

14. Maiden name Marion D. Landon

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

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

Major findings: _____
Of operations 106

Of autopsy _____

16. (a) Informant Laura G. Potts

(b) Address W. 39th St. Joplin Mo

17. (a) Burial _____ (b) Date thereof 10-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FORREST PK

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Mo

19. (a) 10-14-47 (b) Colores Sanchez
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause of 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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Emmanuel H. Williams (M. D. or other) M.D.
Address 1120 N. 1st St. Joplin Mo Date signed 10-13-47

WRITE PLAINLY—USING 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 Perry K. Zuerlein

Licensed Embalmer No. 959

P. O. Address Spencer, Me

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.