

No. 2
5-43
17-39
336671

FILED APR 5 1948

Registration District No. **136**

Primary Registration District No. **2001**

Registrar's No. _____

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

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. Johns 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 Ella Cordelia Fish
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female **5. Color or race** W
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Thomas E. Fish **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased June 28 1889
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 10
If less than one day _____ hr. _____ min.

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

10. Usual occupation housekeeper

11. Industry or business _____

12. Name Edds 9

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

14. Maiden name Raines 9

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

16. (a) Informant Herbert Fish

(b) Address Kansas City, Mo.

17. (a) Removal **(b) Date thereof** 2-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mulberry, Kans.

18. (a) Signature of funeral director J. M. Berkeley

(b) Address Mulberry, Kans.

19. (a) 2-14-48 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barton
 (c) City or town Liberal
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____
(Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
 year 1948 hour 12 minute 20 A M.
21. I hereby certify that I attended the deceased from Sept 1948
 _____, 1948 to Feb _____, 1948
 that I last saw her alive on Feb 7, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis
 Duration 2
 Due to _____
 Due to _____
 Other conditions ?
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
ADDITIONAL PHYSICIAN SUPPLEMENTARY INFORMATION REQUESTED
Underline 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)
 (b) Means of injury _____
23. Signature J. M. Berkeley **(M. D. overruler)** _____
Address Joplin **Date signed** _____

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..... *J. M. Benkey*

Licensed Embalmer No. *2336*

P. O. Address..... *Mulberry Lane*

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.

Registration District No. 156

Primary Registration District No. 2001

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:
(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 _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Ella C. Fresh

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Wid

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

7. Birth date of deceased June 2
(Month) (Day) (Year)

8. AGE: Years 68 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER, FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 Day 8
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular collapse

Due to Carcinomatosis

Due to Carcinoma of the right breast.

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:

(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 [Signature] (M, D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

S-9076

✓ B. S. H. Kent

Box 1000

Spring

1951