

No. 300  
-10-47  
5-17-39  
-I 3906

387473

FILED NOV 12 1948 56246  
Registration District No. 56246

Primary Registration District No. 2001

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County Newton  
(b) City or town Joplin  
(c) Name of hospital or institution:  
5524 Ridgeway Drive  
(d) Length of stay: In hospital or institution All her life  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Bessie Carlson  
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 Widowed  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive Deceased  
7. Birth date of deceased June 30 1875

8. AGE: Years 73 Months 4 Days 0  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Jasper County, Mo.

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Wilbur Haughawout  
13. Birthplace Unknown Unknown  
14. Maiden name Unknown Unknown  
15. Birthplace Unknown Unknown

16. (a) Informant Ray Carlson  
(b) Address 2401 Wall Joplin, Mo.

17. (a) Burial (b) Date thereof 11/1/48  
(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Humbert Staud  
(b) Address 422 Sequest Ave, Joplin, Mo.  
19. (a) 11-1-48 (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30  
year 1948 hour 6 minute 06 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, 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 Cardiac + Respiratory Failure  
Due to Liver Metastasis  
Due to Adeno Carcinoma (Rectal)  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 48B

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 2  
23. Signature W. Huggatt Schubert (Date signed 10/31/48)

Revised Co

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**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

*Dale Glover*

Licensed Embalmer No.

*4593*

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.**