

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: St. Johns Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 20 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. St. Johns Hospital
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Elizabeth E. Wicker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8th year 1940 hour 10:45 minute _____ P.M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife R. D. Wicker

6. (c) Age of husband or wife if alive Dead years _____

7. Birth date of deceased Nov. 11, 1852
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1938, to Feb 8, 1940; that I last saw her live on 2-6, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>2</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death Ch. Myocarditis

Due to _____

Due to _____

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

10. Usual occupation No Occupation

Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

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? _____

16. (a) Informant's own signature Lester Ray Albright

(b) Address St. Johns Hospital

17. (a) Burial (b) Date thereof 2-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Hope

23. Signature Julius Kuhl (M. D. or other) _____

Address Joplin, Mo. Date signed _____

18. (a) Signature of funeral director Franklin Diller

(b) Address Joplin, Mo.

19. (a) 2-13-40 (b) E. B. James
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 340-720

Date Filed MAR 8 1940

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 Don Tetrick

Licensed Embalmer No. 21008

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, above space should be left blank.