

REC'D JUN 10 1940

Registration District No. 11

Primary Registration District No. 2002

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's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 hours
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME SANDRA SUE BECKER 260

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 22 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	16 hr. 0 min.

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

10. Usual occupation child

11. Industry or business _____

12. Name David Becker

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Louise Metz

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

16. (a) Informant David Becker

(b) Address 2701 Rolla, St. Louis, Mo.

17. (a) Burial (b) Date thereof May 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Memorial Park

18. (a) Signature of funeral director Wassphey Mortuary

(b) Address 1523 Joplin St. Joplin, Mo

19. (a) 5-23-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2701 Rolla
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1940 hour 16 minute 30 A. M.

21. I hereby certify that I attended the deceased from 5/22/40
_____ 19____ to 5/23/40, 19____
that I last saw her alive on 5/23/40, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Status Thymus Lymphaticus.

Due to Newborn.

Due to _____

Other conditions Congenital Deleted
(Include pregnancy within 6 months of death)
Heart

Major findings:
Of operations none

Of autopsy none

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?
372

While at work? _____ (Specify type of shop)
(e) Means of injury _____

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

Address 616 [Signature] Date signed 5/24/40

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

19
7
5

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, above space should be left blank.