

EMER JUL 12 1940
Registration District No. 411

Primary Registration District No. 2002

49
7
5

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

1. PLACE OF DEATH:

(a) County JASPER 3

(b) City or town JOPLIN 0

(c) Name of hospital or institution: 1427 E 7th ST.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 30 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER

(c) City or town JOPLIN MO:
(If outside city or town limits, write "RURAL")

(d) Street No. 613 CLUB.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? NO years.

3. (a) PRINT FULL NAME EMMA L. YOUNG. 526

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 4
year 1940 hour 5 minute 45 P.M.

4. Sex FEM

5. Color or race BLACK

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

6. (b) Name of husband or wife ARTHUR YOUNG.

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: MAR. 15, 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____; that I last saw him alive on June 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Heart

Black

Duration

8. AGE: Years 59 Months 2 Days 29
If less than one day hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name ANDERSON CHETUM

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

14. Maiden name ELIZA WOODS

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

Major findings: _____

Of operations _____

Of autopsy View

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Arthur Young

(b) Address 613 CLUB, JOPLIN MO:

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? _____

17. (a) Removal (b) Date thereof 6-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Removal Lowell Kansas

18. (a) Signature of funeral director HURLBUT UND. CO:

(b) Address JOPLIN MO:

23. Signature W. H. Winchester (M. D. or other) Coroner

Address Joplin, Mo. Date signed 6-5-40

19. (a) 6-8-40 (b) Ed S. Lawrence
(Date received local registrar) (Registrar's signature)

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Yonkers, 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.