

FILED AUG 9 1940
477

Registration District No. _____

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Yaspey
(b) City or town Joplin
(c) Name of hospital or institution: St Johns Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
Specify whether _____
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla (b) County Ottawa
(c) City or town Maumey
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME LAURA BECKHAM 250

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 _____ years

7. Birth date of deceased Sept - 6 - 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Day 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation HW

11. Industry or business _____

12. Name Hugh Alexander Paul

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

14. Maiden name Martha Purdie

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

16. (a) Informant Ed Beckham

(b) Address Maumey Okla

17. (a) Buried (b) Date thereof 7-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seeca Mo

18. (a) Signature of funeral director Casper Funeral Home
(b) Address Maumey Okla

19. (a) 7-8-40 (b) Ed Beckham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1940 hour _____ minute 12 P.M.

21. I hereby certify that I attended the deceased from July 3
1940 to July 7 1940
that I last saw her alive on July 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Dilatation Mellitus
Surgicus foetus
Operation early
Death from shock

Due to _____
Other conditions (Include pregnancy within 3 months of death) 59

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

(e) Means of injury _____ (Specify type of place)

23. Signature H. Verleur (M. D. _____)
Address Joplin Mo Date signed 7-8-40

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

49
7
5

40-8-319

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. 2079

working under my personal supervision.

Signed *V. Steeper*

Licensed Embalmer No.

P. O. Address

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.