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State File No. \_\_\_\_\_

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

FILED SEP 16 1940

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution:  
1417 West "A" Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community 12 Years  
years, months or days

3. (a) PRINT FULL NAME Martha Ann Putman 355

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased March 3 1854  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>5</u>	<u>11</u>	hr. min.

9. Birthplace Carrol County Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Houseduties

11. Industry or business Home

12. Name Dave Bell

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

14. Maiden name Mellie Bishop

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

16. (a) Informant Dand W Patterson

(b) Address Joplin Mo

17. (a) Burial (b) Date thereof 8-15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Shurebush Co

(b) Address 212 Joplin St. Joplin, Missouri

19. (a) 8-15-40 (b) E. J. Jasper  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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. 1417 West "A" Street  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14  
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from April, 1940, to Aug 14, 1940  
that I last saw W alive on Aug 6, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 1 Year

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature H. J. Walker (M. D. or other) \_\_\_\_\_  
Address Joplin Mo Date signed 8-15-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

40-9-370

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

*Sam E. Sussner*

Licensed Embalmer No. *4099*

P. O. Address *Joplin Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**