

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: 800 Range line  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 40 years 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. 825 Range line (If rural, give location)

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

3. (a) PRINT FULL NAME DORA SCOTT

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased May 30 1859 (Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Robert L. Hoop

13. Birthplace No Record (City, town, or county) (State or foreign country)

14. Maiden name Armena Dickerson

15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Robert Scott

(b) Address Joplin, Mo

17. (a) Burial (b) Date thereof 11-7-40 (Month) (Day) (Year)

(c) Place: burial or cremation Lairview Cem.

18. (a) Signature of funeral director J. J. ... (b) Address Joplin, Mo

19. (a) 11-6-40 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5 year 1940 hour 10:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 1940 to Nov 5 1940 that I last saw her alive on Nov 4 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis Duration \_\_\_\_\_

Due to General arteriosclerosis

Due to Diabetes Mellitus - 10 yrs.

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

Major findings: Of operations 5A Of autopsy ✓

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? 372 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

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

23. Signature Fair R. Jeff (M. D. or other) 11/6/40 Address Joplin Mo Date signed \_\_\_\_\_

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

FILED DEC 10 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 Cecil Lambell

Licensed Embalmer No. 3590

P. O. Address Spina 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, fact should be so stated above.