

49
2
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
2402 Empire
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether)
 In this community 1 day
years, months or days

3. (a) PRINT FULL NAME MARILYN ELAINE CLINCH

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 Single

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

7. Birth date of deceased March 18 1941
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		<u>0</u>	<u>0</u>	<u>0</u>	<u>7</u> hr. <u>min.</u>

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Luther A. Clinch

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

14. Maiden name Mary Jewel De Taughter

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

16. (a) Informant Luther A. Clinch

(b) Address 2402 Empire, Joplin, Mo

17. (a) Burial (b) Date thereof March 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Lanahan Mortuary

(b) Address 1502 Joplin St Joplin, Mo

19. (a) 3-18-41 (b) Ed J. Janning
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49
 (a) State Missouri (b) County JASPER
 (c) City or town Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. 2402 Empire
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
 year 1941 hour 10 minute _____ A.M.

21. I hereby certify that I attended the deceased from Mar 18, 1941 to Mar 18, 1941
 that I last saw her alive on Mar 18, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Premature birth (7 mo. gestation) Placenta previa

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

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? 374

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature JH. Corleau (M. D. or other) !!
 Address Joplin Mo Date signed 3-18-41

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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, fact should be so stated above.