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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18121

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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: Tile & Duquesne (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 3659 Campbell (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

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3. (a) PRINT FULL NAME CARMEN LOUISE WRIGHT
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 married
6. (b) Name of husband or wife Lyle Wright
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased August (Month) 4 (Day) 1917 (Year)

8. AGE: Years	Months	Days	If less than one day
23	9	0	hr. min.

9. Birthplace Golden City (City, town, or county) Mo (State or foreign country)
10. Usual occupation Beauty Operator
11. Industry or business
FATHER
12. Name Alvin A. Hawkins
13. Birthplace Golden City (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Pearl Neiswander
15. Birthplace (City, town, or county) Oklahoma (State or foreign country)
16. (a) Informant Howard Hawkins
(b) Address Golden City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 (Month) 1941 (Day) (Year)
(c) Place: burial or cremation J. A. Flem Golden City Mo
18. (a) Signature of funeral director E. A. Phillips 372
(b) Address Golden City Mo.
19. (a) 5-5-41 (Date received local registrar) (b) Ed D. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1941 hour 3:45 minute 4 M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw her alive on Did not see her alive 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck broken back cut about face
Due to Car wreck in collision with another car
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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

170 C
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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 4 '41
(c) Where did injury occur? Easy Joplin (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway #14 (Specify type of place)
While at work? at Day (e) Means of injury Automobile accident 3
23. Signature R. J. Hatcher (M. D. or other) Coroner
Address Carthage Mo Date signed May 5 '41

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1945

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.....David Dillon.....

Licensed Embalmer No.....3898.....

P. O. Address.....Joplin, Mo

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

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