

Registration District No. 411

Primary Registration District No. 2-002

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: St. Johns. Hospital
 (If not in hospital or institution, write street number or box (no))
 (d) Length of stay: In hospital or institution. 1 day.
 In this community 17 years. 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper 149
 (c) City or town Joplin Mo; 5
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1919 Porter Ave;
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country No. 0

3. (a) PRINT FULL NAME Leota Whitsett
 (b) If veteran, name war. No (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JULY 6, day 1941.
 year..... hour 11-00 A.M. minute..... M.

4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
 (b) Name of husband or wife. J.O. Whitsett 6. (c) Age of husband or wife if alive..... years 40
 7. Birth date of deceased. Feb. 6, 1903
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-11 1941 to 7-6 1941
 that I last saw him alive on 7-6 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
38 5 0 ..hr.min.

Immediate cause of death. Fibroid uterus
Rem Euthelaim Postoperative
 Due to.....
 Due to.....

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

Other conditions 56B
 (Include pregnancy within 3 months of death)

10. Usual occupation House wife

11. Industry or business HOME

Major findings: Fibroid uterus
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

12. Name Robert N. Stafford;
 13. Birthplace Indiana
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Covington.
 15. Birthplace Arkansas
 (City, town, or county) (State or foreign country)

16. (a) Informant J.O. Whitsett
 (b) Address 1919 Porter Ave. Joplin Mo;

17. (a) Burial (b) Date thereof Jul. 8, 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Osborne Memorial Cem.

18. (a) Signature of funeral director. Hurlbut Und. Co;
 (b) Address Joplin MO

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)..... No
 (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?

19. (a) 7-8-41 (b) W B Jarrett
 (Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (c) Means of injury.....
 23. Signature John (M. D. or.....)
 Address..... Date signed 7-7-41

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

19
620

41-8-670

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 *Sam E. Senesney*

Licensed Embalmer No. *4099*

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.