

FILED MAR 5 1942  
Registration District No. 1421

Primary Registration District No. 2002

Registrar's No. 44

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:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 47 years (Specify whether 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. 2030 Harless  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY E. ARNOLD

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

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

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

7. Birth date of deceased Feb 24 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

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

12. Name Elisha B. Porter

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

14. Maiden name Mary Jane Scott

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

16. (a) Informant Mrs Thomas Lytle

(b) Address 2030 Harless

17. (a) Burial (b) Date thereof Feb 21 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrison Cem

18. (a) Signature of funeral director Lambert-Dillon

(b) Address 4th & Wall St

19. (a) 2-20-42 (b) Hutwud Sudhalter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 1942  
year 1942 hour 7:35 minute 2 M.

21. I hereby certify that I attended the deceased from Feb 17, 1942  
1942 to Feb 19 1942  
that I last saw him alive on Feb 17 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

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

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

Other conditions (Include pregnancy within 3 months of death) 93%

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_ (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 2

23. Signature M. S. Lawson (M, D, or other) D. O

Address 4502 1/2 Main Date signed 2-20-42

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

29  
-3-42

MAR 4 1942

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**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 Tillon* .....

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 with the above constitutes grounds for revocation of license.)**

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