

FILED JAN 15 1942

Registration District No.

Primary Registration District No. 2001

Registrar's No. 578

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

1. PLACE OF DEATH:

49
(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:
1012 North /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community 22 Yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

49
(a) State Mo. (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1012 North
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Minnie Lee Allnut
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 5. Color or Race C 6. (a) Single, widowed, married. 2 divorced Widowed
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 70 hr. min.

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

10. Usual occupation.

11. Industry or business Housewife

MOTHER, FATHER {
12. Name Dan Penny
13. Birthplace Ark (City, town, or county) (State or foreign country)
14. Maiden name Anna Scruggs
15. Birthplace Ark (City, town, or county) (State or foreign country)

16. (a) Informant Wm. S. Williams
(b) Address Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 31 42
(Month) (Day) (Year)
(c) Place: burial or cremation. Parkway Cemetery

18. (a) Signature of funeral director Parker Hunsaker
(b) Address Joplin Mo.

19. (a) 12-30-42 (b) Hestrod Sushow (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27th year 1942 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from Dec 27 1942 to Dec 27 1942
that I last saw her alive on Dec 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Arthritis
Due to: Chronic Arthritis
Duration: 5 yrs

Other conditions: 930
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration
5 yrs
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?

While at work? (Specify type of place)
Signature: J. L. Miller (M. D. or other)
Date signed: 12-29-42

42-12-108.2

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.