

FILED JAN 15 1943  
Registration District No. 156

Primary Registration District No. 2001

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: 1703 Kentucky /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 32 ( yrs. )

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. 1703 Kentucky  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eather Lee Fretwell  
 3. (b) If veteran, name war WW I  
 3. (c) Social Security No. 444

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Howard Fretwell 6. (c) Age of husband or wife if alive 32 years  
 7. Birth date of deceased Oct. 10 1910  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>2</u>	<u>8</u>	_____hr. _____min.

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

10. Usual occupation housewife

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

12. Name Alfred James  
 13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Bonnie McCullough  
 15. Birthplace Galena Kans.  
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Fretwell  
 (b) Address 1703 Kentucky

17. (a) burial (b) Date thereof Dec. 28, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin Joplin Mo.

19. (a) 12-28-42 (b) Gertrude Sudholtz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 26  
 year 1942 hour 7 minute 15 A. M.  
 21. I hereby certify that I attended the deceased from Dec. 21, 1942  
 19\_\_\_\_ to Dec. 26 1942;

that I last saw her alive on Dec and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to \_\_\_\_\_  
 Due to 107

Other conditions Acute Myocarditis  
(Include pregnancy within 3 months of death)

Major findings: None

Of autopsy Broncho Pneumonia CPC of all organs.

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)  
 (e) Means of injury \_\_\_\_\_

23. Signature E Ernest Johnson M.D.  
 Address 617 Frank Date signed 12/26/42

42-12-1087

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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

*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.**