

FILED APR 12 1943

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 193

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:
301 St. Charles
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life
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. 218 St. Louis St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANETTE S. CLARK

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 John Clark 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased June 2, 1906
(Month) (Day) (Year)

8. AGE: Years 36 Months 8 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name W. J. Dorris

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

14. Maiden name Elizabeth Ricker

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

16. (a) Informant Mr. John Clark

(b) Address 218 St. Louis

17. (a) Burial (b) Date thereof 3-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST PARK

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

(b) Address 1502 Joplin Street

19. (a) 4-1-43 (b) Arthur D. Dushoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1943 hour 12:10 minute A. M.

21. I hereby certify that I attended the deceased from March 12, 1943, to May 30, 1943, that I last saw her alive on March 30, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Pulmonary Tuberculosis
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 H. B. Kern D.O.
Address Orpheus Bldg. Joplin Mo. Date signed 3/30/43

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

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

Dr. Kern

43-3-296

APR 30 1943

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.