

Registration District No. 156

Primary Registration District No. 2001

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:
1201 Central
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 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. 1201 Central
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mildred Grace Youngman

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

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

6. (b) Name of husband or wife Rev. J. W. Youngman 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased September 29, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 6 18 _____ hr. _____ min.

9. Birthplace Honesdale Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation home duties

11. Industry or business _____

MOTHER FATHER { 12. Name Harry Eade
13. Birthplace Pa.
(City, town, or county) (State or foreign country)
14. Maiden name no record
15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. J. W. Youngman

(b) Address 1201 Central, Joplin, Mo.

17. (a) Removal (b) Date thereof 4-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wichita Kansas.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Mo.

19. (a) 4-8-43 (b) Antonie Sushoetter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1943 hour 2 minute 45 a.m.

21. I hereby certify that I attended the deceased from Nov 42 to Apr 7, 1943

that I last saw her alive on April 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinoma 1 year

Due to Carcinoma of Rt. breast 1 year

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 556
Of autopsy _____

Duration
1 year
1 year
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? _____

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature H. Hurlbut (M. D. or other)
Address Joplin Mo Date signed 4-8-43

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

43-4-342

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.....

.....
Licensed Embalmer No. 909

P. O. Address.....
Joseph Russo

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.