

FILED DEC 10 1943
Registration District No. 256

Primary Registration District No. 2007 Registrar's No. 631

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Rural--Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
43rd & Wall Sts.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Rural--Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 43rd & Wall
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Senora Alice Putnam
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 12
year 1943 hour 8:10 A. M. minute _____ M.
21. I hereby certify that I attended the deceased from Oct. 1, 1943
Nov. 12, 1943
to Nov. 11, 1943
that I last saw her alive on _____
and that death occurred on the date and hour stated above.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John D. Putnam
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased April 24, 1869
(Month) (Day) (Year)

Immediate cause of death Intraperitoneal and intra intestinal hemorrhage
Duration 3 days
Due to Cancer of Liver with metastasis to intestines and colon 6 yrs.

8. AGE: Years 74 Months 6 Days 18
If less than one day hr. _____ min.
9. Birthplace Rural -- Joplin Missouri
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Housewife
11. Industry or business _____
12. Name No record
13. Birthplace No record
(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)

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? _____

16. (a) Informant Mrs. Vernon Boy
(b) Address 49th & Wall St., Joplin, Mo
17. (a) Burial (b) Date thereon 11-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem.
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Missouri
19. (a) 11-16-43 (b) Arthur S. Sushette
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address 1702 Joplin St., Joplin, Mo Date signed 11-16-43

43-11-981

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.....

Ray K. Hulbeck

Licensed Embalmer No.....

95-9

P. O. Address.....

Japane Neo

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.