

FILED JAN 3 1944
Registration District No. 136

Primary Registration District No. 2001

State File No. _____
Registrar's No. 676

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:
Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 13 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 218 North Oak Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucille Sill
3. (b) If veteran, name war none
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 8
year 1943 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 7
1943, 19, to Dec 8 1943
that I last saw her alive on Dec 8, 1943
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clifford Sill
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 1, 1910
(Month) (Day) (Year)

Immediate cause of death
Cardio Renal Disease 10 yrs
with Hypertension

8. AGE: Years Months Days If less than one day
33 10 7 hr. min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 13/a

9. Birthplace Galena Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____
12. Name Bert Faulkner
13. Birthplace Cherokee county, Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Gertrude Blizzard
15. Birthplace Topeka Kansas
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Bert Faulkner
(b) Address Galena, Kansas
17. (a) Burial (b) Date thereof 12 13 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetary

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 _____

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 12-11-43 (b) Gertrude Sudhuth
(Date received local registrar) (Registrar's signature)

23. Signature R.L. Crawford (M. D. or other)
Address 6317 Ross Blay Date signed _____

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

48-12-1022

MAR - 7 1945

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.