

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

5129

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:
2201 Kentucky
(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
years, months or days)

3. (a) PRINT FULL NAME Martha James Paronto

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 21, 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 11 If less than one day
hr. _____ min. _____

9. Birthplace Indianapolis Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Abraham J. Martin

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

14. Maiden name Sarah Ann Combs

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

16. (a) Informant Mrs R. G. Burrows
(b) Address 2201 Kentucky, Joplin, Mo.

17. (a) Paronto (b) Date thereof 7-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

Rest Haven Mem. Park, Shawnee, Okla.

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo

19. (a) 7-5-44 (b) Gettuck Sudhaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin
(If outside city or town limits, write "RURAL") 2
5

(d) Street No. 2201 Kentucky
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1944 hour 10:55 A. Minute M.

21. I hereby certify that I attended the deceased from June 19
1944 to July 2 1944
that I last saw her alive on July 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death enlarged heart
Due to arteriosclerosis

Due to _____

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

Major findings:
Of operations none
Of autopsy none

Duration _____

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) (e) Means of injury _____

Signature S. B. Herringal, D.O. (M. D. or other)
Address 601 Joplin Date signed 7-5-44

44-6-573

NOV 19 1957

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

Richard Gray Lewis, Registered Apprentice No. 365
working under my personal supervision.

Signed Ferris T. Hurlbut

Licensed Embalmer No. 989

P. O. Address Appler NW

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.