

FILED MAY 14 1945
Registration District No. _____

Primary Registration District No. 58357

1. PLACE OF DEATH

(a) County Newton
(b) City or town Rural - New Hope, Mo
(c) Name of hospital or institution: Joplin Rt 2 - 1 week
(d) Length of stay: In hospital or institution _____
In this community 15 yrs 9 M 8 of Joplin
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Rural - Rt 2
(d) Street No. JOPHIN Mo.
(e) Citizen of foreign country? No.
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Rhoda A. Wolfe

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife WILLIAM 6. (c) Age of husband or wife if alive 4 years 1859
7. Birth date of deceased February (Month) 4 (Day) 1859 (Year)

8. AGE: Years 86 Months 2 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Benton County, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Coleman McGurrah
13. Birthplace Benton Co. Arkansas
14. Maiden name Phoebe Eatons
15. Birthplace Benton County, Arkansas

16. (a) Informant Loren Wolfe
(b) Address JOPLIN ROUTE 2
17. (a) Burial (b) Date thereof 4-27-45
(c) Place: burial or cremation FAIRVIEW

18. (a) Signature of funeral director Hurlbut Und Co.
(b) Address Joplin, Mo.
19. (a) 4-25-1945 (b) Mrs. H. S. Chapman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1945 hour 10 minute 45 M.

21. I hereby certify that I attended the deceased from 4/23
23, 1945, to 4/23, 1945;
that I last saw him alive on 4/23, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberc Pneumonia
Duration _____

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

Major findings:
Of operations 108
Of autopsy _____
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? _____
(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 E. E. Coats (M. D. or other) _____
Address Joplin Mo. Date signed 4-27-45

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

23
8

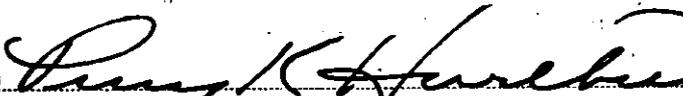
1315

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. 959.....

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.