

FILED NOV 16 1945

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper

(c) Name of hospital or institution St. John's

(d) Length of stay: In hospital or institution 3 1/2 weeks

In this community 1927 from headmen Ho

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jasper

(d) Street No. 1727 Jackson

(e) Citizen of foreign country? () (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Gullie A. Hasher

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13 year 1945 hour 11 minute 27 P. M.

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

6. (b) Name of husband or wife Nathan Reed 6. (c) Age of husband or wife if alive 1929 years

7. Birth date of deceased March 28 1858

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw her alive on _____ 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>6</u>	<u>15</u>	hr. _____ min. _____

Immediate cause of death Carcinoma Colon 2-3 yrs

Due to Chronic Myocarditis 5 yrs

Due to Chronic Interstitial hepatitis 5 yrs

9. Birthplace Franklin Co Va

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

Major findings: Of operations _____

Of autopsy H&P

10. Usual occupation _____

11. Industry or business Home work

12. Name Jefferson Wade

13. Birthplace Franklin Co Va

14. Maiden name Mary J. Smith

15. Birthplace Franklin Co Va

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 Henry Glasner

(b) Address 1727 Jackson Ave

17. (a) Burial (b) Date thereof 10-16-45

(c) Place: burial or cremation Dark Memorial

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Walter Howard (M, D or other) _____

Address Jasper Mo Date signed _____

18. (a) Signature of funeral director Harold Dellon

(b) Address 305 W. 4th St

19. (a) 10-12-45 (b) Ed Jones

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

6-12

3

10/15/45

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 H. Lynn White

Licensed Embalmer No. 4260

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.