

S. No. 2  
M-5-43  
5-17-39  
I X36671

FILED JUN 21 1946

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution:  
210 West "B" /

(d) Length of stay: In hospital or institution. 4 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Julia D. Beal

3. (b) If veteran, name war. No.

3. (c) Social Security No.

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 4 1878 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 10 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Seward B. Davis

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

14. Maiden name Maranda Coon

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

16. (a) Informant Mr. W. W. Davis

(b) Address 230 N. Joplin, Joplin, Mo.

17. (a) Burial (b) Date thereof 5-25-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Ozark Memorial Parker-Hunsaker

18. (a) Signature of funeral director (b) Address 1502 Joplin Joplin, Mo.

19. (a) 5/25/46 (b) Ed James (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin

(d) Street No. 210 West "B" (If outside city or town limits, write "RURAL") 25

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

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1946 hour minute M.

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

Immediate cause of death Asphyxiation By natural gas

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 5/23/46

(c) Where did injury occur? Joplin, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

23. Signature H. W. Beal (Specify type of place) (M. D. or other) Means of injury Gas - 2

Address 2114 Joplin Date signed 5/25/46

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

MOTHER FATHER

138

(Licensed Embalmer's Statement on Reverse Side)

46-5-488

JUL 10 1946

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.