

3. No. 2
-8-43
5-17-39
1 X37823

FILED JUL 15 1946

Registration District No. 1155

Primary Registration District No. 5579

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town General TWP - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jasper Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2309 Main
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1946 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from April 12 to May 3 1946
that I last saw her alive on May 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 138
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:
(c) 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 _____

23. Signature Jane E. Deussen (M. D.)
Joplin Mo Date signed 5/3/46

3. (a) PRINT FULL NAME Melba Miller Stevens

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-70-1562

4. 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 February 20 1904
(Month) (Day) (Year)

8. AGE: Years 42 Months 2 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Joplin Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business P.B.X. Operator

12. Name William L. Barry

13. Birthplace Colley Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Coral Wilson

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

16. (a) Informant Mrs. Coral Barry

(b) Address 1416 W. 22nd St. Joplin Mo.

17. (a) Burial (b) Date thereof 5/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Frank Sisson

(b) Address _____

19. (a) 5-7-46 (b) _____
(Date received local cert.) (Date of signature)

JUN 27 1946 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

46-6-507

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. *4240*

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.