

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: St. Johns
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days) 14 days

3. (a) PRINT FULL NAME: Mrs Eva M. Taylor
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex: Female **5. Color or race:** White **6. (a) Single, widowed, married, divorced:** Married
6. (b) Name of husband or wife: G.S. **6. (c) Age of husband or wife if alive:** _____ years

7. Birth date of deceased: May 14 1895
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace: Jade Co, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: _____
11. Industry or business: Housewife

12. Name: S. H. Watts
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Howell
15. Birthplace: Dale Co, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: S. H. Watts
(b) Address: 801 W. 9th Joplin Mo

17. (a) Removal: Removal **(b) Date thereof:** 12-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: ash Grove Mo.
18. (a) Signature of funeral director: Prim Funeral Home
(b) Address: ash Grove, Mo.
19. (a) 12-2-46 **(b) Ed Jones**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 39
(c) City or town ash Grove, Mo. (If outside city or town limits, write "RURAL") 10
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 2nd year 1946 hour 5:15 minute AM
21. I hereby certify that I attended the deceased from November 20 1945 to Dec 2 1946
that I last saw her alive on December 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary -
carditis
Due to: Hypertensive heart disease
Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: 130
Of operations: _____
Of autopsy: _____

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:** 0
23. Signature: Ed Jones (M. D. or other) _____
Address: 1122 E. 13th Joplin **Date signed:** 12-2-46

MOTHER FATHER

46-11-1028

1028

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..... *Cecil A. Thornhill*

Licensed Embalmer No. *3590*

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.