

Registration District No. 136 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: Freeman Hospital
(d) Length of stay: In hospital or institution 3 days
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 1506 Range Line Rd
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Pauline Beeson

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 Roy 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: November 3 1927
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 6 6 hr. min.

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

10. Usual occupation

11. Industry or business House-wife

12. Name Archie Robbins

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant Roy Beeson

(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof May 12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Thornhill-Dillon Mortuary

(b) Address Joplin, Missouri

19. (a) 5-15-47 (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1947 hour 11 minute 15 a. M.

21. I hereby certify that I attended the deceased from May 8 1947 to May 9 1947 that I last saw her alive on May 9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration 10 Min

Due to Generalized anasarca 3 Months

Due to Toxemia of pregnancy 3 Months

Other conditions: 1448 (Include pregnancy within 3 months of death)

Major findings: Of operations Fetus greatly oedematous

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

Signature J. A. Terse (M. D. or other) 5-14-47

Address Joplin, Mo. Date signed

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

MOTHER, FATHER

47-5-1456

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.....
Chas. M. Dwyer

Licensed Embalmer No. *3566*

P. O. Address *Jefferson, Missouri*

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.