

FILED APR 6 1948
Registration District No.

Primary Registration District No. 2001

Registrar's No.

49
2
5

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

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... 1505 Euclid Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... 25 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State... Missouri
 (b) County... Jasper 49
 (c) City or town... Joplin 2
(If outside city or town limits, write "RURAL")
 (d) Street No... 1505 Euclid Ave. 5
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Laura Allie Berrian
 3. (b) If veteran, name war.....
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month... March 9 (about)
 year... 1948 hour..... minute..... M.

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... 1864
(Month) (Day) (Year)

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

8. AGE: Years Months Days — If less than one day
 84 hr. min.

Due to...
 Due to...
 Other conditions... (include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy... 94A

9. Birthplace... Unknown
(City, town, or county) (State or foreign country)
 10. Usual occupation... Housewife
 11. Industry or business... Miller
 12. Name... Miller
 13. Birthplace... Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name... Unknown
 15. Birthplace... Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause of which death should be charged statistically.
 Signature: [Handwritten Signature]

16. (a) Informant... Roy Berrian
 (b) Address... Oronogo, Missouri
 17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof... 3, 13, 48
(Month) (Day) (Year)
 (c) Place: burial or cremation... Weaver Cem.
 18. (a) Signature of funeral director... Johnston-Arnce-Simpson
 (b) Address... Webb City, Missouri
 19. (a) 3-17-48 (b) [Handwritten Signature]
(Date received local registrar) (Registrar's signature)

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?.....
(Specify type of place)
 While at work...
 23. Signature... [Handwritten Signature]
 Address... [Handwritten Address] Date signed... 3/16/48

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 _____

Jack C. Simpson, Registered Apprentice No. 38
working under my personal supervision.

Signed _____

Harvey E. Arney

Licensed Embalmer No. 4463

P. O. Address Webb City, 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.