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5-17-39  
P-1 X235

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

Registration District No. **411** Primary Registration District No. **2002** Registrar's No. \_\_\_\_\_

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:  
109 N. Sergeant  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 43 Years  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Mary A. Comerford

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

7. Birth date of deceased Sept. 25, 1869  
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Syracuse, New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Peter Pilger

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

14. Maiden name Margaret

15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Klube

(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof 12-24-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

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

(b) Address Joplin, Missouri

19. (a) 12-23-40 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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. 109 N. Sergeant  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22nd  
year 1940 hour 1:30 minute PM M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from Joplin  
12, 1940, to Dec. 22, 1940  
that I last saw h. GR alive on Dec. 22, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary disease

Due to Coronary occlusion of Mo. (Hemiplegia)

Due to General arteriosclerosis

Other conditions  (Include pregnancy within 3 months of death)

Major findings:  Of operations 94/12

Of autopsy None

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

(a) Accident, suicide, or homicide (specify) None

(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? 372

While at work?  (Specify type of place) (e) Means of injury

23. Signature Rick L. Neff (M. D. or other) \_\_\_\_\_

Address Joplin Mo. Date signed 12/24/40

Duration

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

41-1-54

FEB 10 1950

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.....

*Don Petrick*

Licensed Embalmer No.....

*4008*

P. O. Address.....

*Joplin, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.