No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 25334

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: Nursing Home-- 2111 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 50 yrs. 4 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 049

(a) State Missouri (b) County Jasper

(c) City or town Joplin (If outside city or town limits, write "RURAL")

(d) Street No. 1916 Sergeant (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

**3. (a) PRINT FULL NAME** Hattie Dunn

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Fem

5. Color or race W

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased October 11 1865 (Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business HOME

FATHER
12. Name Calvert
13. Birthplace Not available (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not available
15. Birthplace No RECORD (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pauline Harley

(b) Address 2019 Byers Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/41 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Cem

18. (a) Signature of funeral director Heulbert Ind Co

(b) Address Joplin, Mo.

19. (a) 7-7-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 2 year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 23, 1940, to June 28, 1941 that I last saw her alive on June 28, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic heart disease

Due to

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (e) Means of injury

23. Signature W. M. Quinley (M. D. ~~or other~~)

Address Joplin, Mo. Date signed 7-5-41

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

(Licensed Embalmer's Statement on Reverse Side)

41-8-665

## 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. Sam E. Sensenney Jr

Licensed Embalmer No. 4099

P. O. Address. Joplin Mo.

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

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