Reg. Dist. No. - 155 Prim. Reg. Dist. No. - 5578

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1942
STATE BOARD OF HEALTH
Division of Vital Statistics, State of Kansas

STANDARD CERTIFICATE OF DEATH

DO NOT WRITE 30540 IN THIS SPACE

Registrar's No. ~~36~~ 11

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Okland, Mo. - Joplin Twp.
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Home - Oakland - Joplin
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Okla (b) County Ottawa
(c) City or town Douth St - Okla -
(If outside city or town limits, write RURAL)
(d) Street No. .....
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years. 2

3 (a) FULL NAME Mary A. Cullens
3 (b) If veteran, name war ..... 3 (c) Social Security No. .....
4. Sex F 7
5. Color or race W.
6 (a) Single, widowed, married, divorced Married
6 (b) Name of husband or wife R. M. Cullens
6 (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Feb 8, 1899 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
43	6	23	..... hr. ..... min.

9. Birthplace Joplin Mo (City, town or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business .....
PATHER
12. Name Henry Page
13. Birthplace Ky. (City, town or county) (State or foreign country)
MOTHER
14. Maiden name Fannie Baldin
15. Birthplace Tenn. (City, town or county) (State or foreign country)
16 (a) Informant's own signature Pat Domenico
(b) Address 702 S Main St.
17 (a) removal (Burial, cremation or removal) (b) Date thereof 8-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation Pocher
18 (a) Signature of funeral director John H Dunn
(b) Address Fisher Okla
19 (a) Sept. 1, 1942 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Sept day 1st year 1942 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 3-8, 1942 to 8-15, 1942 that I last saw her alive on 8-15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pul. T. B.
Due to .....
Due to .....
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 Walter Dunn (M. D. ~~or other~~)
Address Fisher Okla Date signed 8-1-42

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fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
17-7111-s 1-39—50M

42-9-777

JAN 19 1943