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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1943

Registration District No. 136

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. F 38425

Registrar's No. 628

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: Derfelt Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 20 years
years, months or days)

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. 1523 Wall Avenue
(If rural, give location)

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

If yes, name country

49

3. (a) PRINT FULL NAME Thelma Coatney

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Art Coatney

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

7. Birth date of deceased April 9, 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
41	7	0	hr. min.

9. Birthplace Fayetteville (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name James Oscar Bunn
13. Birthplace (City, town, or county) Oklahoma (State or foreign country)

MOTHER
14. Maiden name Myrtle Little
15. Birthplace (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Art Coatney
(b) Address 1523 Wall, Joplin, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/12/43 (Month) (Day) (Year)
(c) Place: burial or cremation Osborn Memorial Cemetery

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri

19. (a) 11-12-43 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Nov 4, 1943 to Nov 9, 1943
that I last saw her alive on Nov 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic Myocarditis

Due to Ruptured Sanguinous Appendix

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations Ruptured Appendix Antoxonic Illness

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

12 11

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 D. W. Derfelt (M. D. or other) DO

Address 2114 Joplin Date signed 11/11/43

1264 (Licensed Embalmer's Statement on Reverse Side)

43-11-978

OCT 4 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.