S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 26 1944

Registration District No. 156

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 41390

Registrar's No. 584

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: St. John's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether

In this community 2 years 4 mos. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 2118 Virginia (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME THELMA PAULINE TIFFEE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January 25, 1924 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
20	10	9	hr. min.

9. Birthplace Howe, Okla. (City, town, or county) (State or foreign country)

10. Usual occupation Employee Junge Baking Co.

11. Industry or business Bakery

FATHER
12. Name Frank Tiffee
13. Birthplace Howe, Okla (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dela Gilbert
15. Birthplace Siloam Springs, Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dela Tiffee,

(b) Address Gentry, Arkansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 5, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Siloam Springs, Ark.

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

(b) Address Joplin, Missouri

19. (a) 12-4-44 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4 year 1944 hour 4:58 minute P. M.

21. I hereby certify that I attended the deceased from Nov 11/44, 19..., to Dec 4, 1944; that I last saw her alive on Dec 4/44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia

Due to septicemia

Due to Septic abortion

Other conditions yes, miscarriage (Include pregnancy within 3 months of death) 2 mos ago

Major findings: Of operations none

Of autopsy Bilat Salp. Peritonitis Lobar Pn. Acute Nephritis

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 [illegible] (M. D. or other)

Address 804 Mesco Joplin Mo. Date signed 12/4/44

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(Licensed Embalmer's Statement on Reverse Side)

44-12-1027

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 David Dillon

Licensed Embalmer No. 3898

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.