

FILED JUN 14 1945

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

17172

Registration District No. 136

Primary Registration District No. 2001

Registrar's No. 245-1

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Dr. E. B. Mitchell

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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. Johns  
(If not in hospital or institution, write street number or location)

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

In this community lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Jasper

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

(d) Street No. 2106 Virginia  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Melissa Ann Condon

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1945 hour 10 minute 50 a.m.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased March 24 1945  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15 1945 to May 26 1945  
that I last saw her alive on May 26 1945  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>2</u>	<u>2</u>		hr. _____ min. _____

Immediate cause of death Broncho-Pneumonia  
Duration 11 Days

9. Birthplace Joplin MO  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Infant

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

12. Name Camille Condon

13. Birthplace Steele Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Olive Shaffer

15. Birthplace Zineville Mo  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Mrs. Camille Condon

(b) Address 2106 Virginia Ave

17. (a) Burial (b) Date thereof 5-29-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Thornhill Dillon

(b) Address 305 W. 4th St

19. (a) 6-11-45 (b) Osborne Memorial  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

Signature Ernest Mitchell (M. D. or other) \_\_\_\_\_  
Address Joplin MO Date signed 6-11-45

1204

45-5-486

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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 Rebecca Thornhill

Licensed Embalmer No. 3590

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.