S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41465

FILED DEC 29 1945

State File No.

Registration District No. 156 Primary Registration District No. 2001 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: Home 1224 Grand / (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) 60 Years

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") 2

(d) Street No. 1224 Grand (If rural, give location) 5

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Fannie Cory

3. (b) If veteran, name war NO.

3. (c) Social Security No.

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Judson Cory

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

7. Birth date of deceased October 9, 1865 (Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Greenfield Ohio / (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jacob Hotsapillar
13. Birthplace West X Virginia / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Bush
15. Birthplace Greenfield, Ohio / (City, town, or county) (State or foreign country)

16. (a) Informant Jennie Hotsapillar

(b) Address Wichita, Kansas

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

(c) Place: burial or cremation Mount Hope, W.C.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Mo.

19. (a) 12-4-45 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3 year 1945 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 2, 1945, to Nov. 3, 1945 that I last saw her alive on Nov. 3, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	30 hrs.
Due to General arteriosclerosis & hypertension —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Robt. L. Neff (M. D. or other) M.D.

Address Joplin, Mo. Date signed 12/3/45

1404

(Licensed Embalmer's Statement on Reverse Side)

45-12-975

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 Perry K. Hurlbert

Licensed Embalmer No. 959

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.