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K35897

FILED DEC 29 1945

STANDARD CERTIFICATE OF DEATH

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: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 40 years
(Specify whether 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. 2611 Murphy
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary Sullivan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex f / 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased no record
(Month) (Day) (Year)

8. AGE: 77 Years Months Days If less than one day
hr. min.

9. Birthplace no record
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name no record
13. Birthplace _____
14. Maiden name no record
15. Birthplace _____

16. (a) Informant Dan Waller, 2611 Murphy
(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof 12-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director PARKER HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo

19. (a) 12-8-45 (b) C. J. Barnes
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1945 hour 2 minute 30 PM
21. I hereby certify that I attended the deceased from December 1, 1945 to Dec 7, 1945
that I last saw him alive on Dec-7-1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) _____
(c) Means of injury _____
23. Signature G. E. C. (M. D. or other) M.D.
Address Joplin Mo Date signed 12-10-45

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

45-12-968

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.