

No. 2  
-2-43  
-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6141**

**FILED FEB 19 1946**

Registration District No. **56**

Primary Registration District No. **3001**

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**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 Weeks**  
(Specify whether  
In this community **35 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. **302 North Wall**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Gay Packard**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Guy Packard** 6. (c) Age of husband or wife if alive **58** years  
7. Birth date of deceased **July 12 1887**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **6** Days **0** If less than one day hr. min.

9. Birthplace **Howard County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

MOTHER FATHER { 12. Name **James M. Brown**  
13. Birthplace **Virginia**  
14. Maiden name **Martha Jennings**  
15. Birthplace **Howard County Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Guy Packard**  
(b) Address **302 North Wall**

17. (a) **Burial** (b) Date thereof **Jan 7 '46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Park, Hurlbut Und. Co., Joplin, Mo.**

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) **1-14-46** (b) **Ed. James**  
(Date received local registrar) (Registrar's signature)

**138** (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **12**  
year **1946** hour **3** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Jan 11** 19 **46** to **Jan 12** 19 **46**  
that I last saw her alive on **Jan 12** 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to **Coronary Heart disease**  
Due to \_\_\_\_\_

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

Major findings: Of operations **of heart**  
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? (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) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature **Guy Packard** (M. D. or other) \_\_\_\_\_  
Address **702 S. 1st St. Joplin Mo.** Date signed **Jan 12 46**

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

46-1-63

FEB 23 1943

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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

*Ferry A. Furber*

Licensed Embalmer No. *939*

P. O. Address *Spencer Mass*

**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.**