

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 17 1946  
Registration District No. 106

Primary Registration District 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: 211 Maiden Lane /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 29 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 47  
(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL") 5  
(d) Street No. 211 Maiden Lane 0  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT

FULL NAME Mary Isabell Young

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced married/

6. (b) Name of husband or wife Melvin A. 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October 2 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 5 20 hr. min.

9. Birthplace Pocahontas Arkansas /  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Housewife

12. Name W. D. Williams

13. Birthplace Hickings Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. McGuire

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Melvin A. Young /

(b) Address 211 Maiden Lane

17. (a) burial (b) Date thereof Mar 25, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Memorial

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

(b) Address Joplin Mo.

19. (a) 5-22-46 (b) Belle Pearson, D.R.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day March  
year 1946 hour 1 minute 45 a M.

21. I hereby certify that I attended the deceased from Nov 13, 1946 to Mar 22, 1946  
that I last saw her alive on March 21, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy 36 hrs  
Due to Broncho Pneumonia

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

Major findings:  
Of operations 167  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature W. L. ... (M. D. or other) \_\_\_\_\_  
Address Joplin Mo Date signed 3/27/46

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

MOTHER FATHER

46-3-275

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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.....

*K. Lynn White*

Licensed Embalmer No. *4240*

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.**

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