

S. No. 2  
OM-5-43  
v. 5-17-39  
X3687

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 22 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **16990**

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:  
**710 Wall St. /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community **50 Years**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Joplin** **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. **710 Wall St.;** **5**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Mary R. Fellows**

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

3. (c) Social Security No. **No**

4. Sex **Fem.** 5. Color or race **white**

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

6. (b) Name of husband or wife **Arthur W. Fellows**

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

7. Birth date of deceased **Sept. 21, 1871**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month **April 8,** day **1946**  
year \_\_\_\_\_ hour **11-40 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **1-30-46**  
\_\_\_\_\_, 19\_\_\_\_, to **4-8-**\_\_\_\_, 19**46**  
that I last saw her alive on **4-8-46**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

**8. AGE:**

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <b>74</b> | <b>6</b> | <b>18</b> | _____ hr. _____ min. |

Immediate cause of death \_\_\_\_\_ **Duration** \_\_\_\_\_

**Cardio-vascular syndrome** **20**

Due to **Hypertension** **20 yrs**

Due to **chronic nephritis and myocarditis**

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

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

Of autopsy: **131**

**PHYSICIAN**  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

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

12. Name **John Littleson**

13. Birthplace **Scotland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Addie McCoy**

15. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. John Sanders**

(b) Address **2121 Wall St. Joplin Mo.**

17. (a) **Burial** (b) Date thereof **Apr. 10, 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cem.**

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

(b) Address **Joplin Mo.**

19. (a) **4-9-46** (b) **Ed J. Jones**  
(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)  
(c) Means of injury \_\_\_\_\_

23. Signature **Ernest Kelly** (M.D. or other) \_\_\_\_\_  
Address **Hisco Kelly, Joplin** Date signed **4-9-46**

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

46-4-391

JUN 23 1948

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.....

working under my personal supervision.

Registered Apprentice No. ....

Signed *Chung M. Sung* .....

Licensed Embalmer No. *3566* .....

P. O. Address *212 20th St. W. W. M. O.* .....

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.