No. 2
12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9674

FILED MAR 28 1947

Registrar's District No. ____ Primary Registration District No. 2201 Registrar's No. ____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2513 Empire St. Joplin, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 21 (If outside city or town limits, write "RURAL")

(d) Street No. 2513 Empire 5 (If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Mable Vandorien

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fm.

5. Color or race W.

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased April 29, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	9	12	____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business ____

FATHER

12. Name James Baker

13. Birthplace Arkansas (City, town, or county) ____ (State or foreign country)

MOTHER

14. Maiden name Unknown.

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

16. (a) Informant Mrs Rosie Ray, (b) Address 2513 Empire St Joplin Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 11, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Anderson, Mo.

18. (a) Signature of funeral director Hurlbut Und. Co. (b) Address Joplin Mo.

19. (a) 2-21-47 (Date received local registrar) (b) Ed Jorner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11 year 1947 hour 11:00 pm minute ____ M.

21. I hereby certify that I attended the deceased from Feb. 1, 1947, to Feb. 9, 1947; that I last saw he alive on Feb. 9, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to mitral insufficiency

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? ____ (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 C. C. Coats (M. D. or other) M.D.

Address Joplin Mo. Date signed 2-17-47

138 (Licensed Embalmer's Statement on Reverse Side)

47-8-173

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. Hulbut

Licensed Embalmer No. 959

P. O. Address Jerolin 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.