

FILED JUL 22 1948

Registration District No. 136

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jaeger  
 (b) City or town Joplin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. John's Hosp. 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 hrs 30 min (Specify whether years, months or days)  
 In this community 6 hrs 30 min

3. (a) PRINT FULL NAME

Kelen Faye Todhunter

3. (b) If veteran, name was no 3. (c) Social Security No. no

4. Sex Female 5. Color or race w. 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased: (Month) 5 (Day) 9 (Year) 48

8. AGE: Years Months Days If less than one day  
0 0 0 6 hr. 30 min.

9. Birthplace St. John's Hosp. 0  
 (City, town, or country) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER {  
 12. Name William Todhunter  
 13. Birthplace Richer Okla  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bethelma Jones  
 15. Birthplace Lawson Okla  
 (City, town, or county) (State or foreign country)

16. (a) Informant William Todhunter

(b) Address Box 77 Quapaw Okla

17. (a) Burial (b) Date thereof 5-10-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation G.A.B. cemetery

18. (a) Signature of funeral director W. A. B. ...

(b) Address Atman Okla

19. (a) July 6 1948 (b) Dr. Ed James  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla. (b) County 999  
 (c) City or town Quapaw 30  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Box 77 2  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
 year 1948 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from May 9  
1948, to May 10, 1948;  
 that I last saw her alive on 9 May, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxia & hypoxia 3 hrs.

Due to Asphyxia & hypoxia

Due to Prematurity

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

Major findings: Of operations 16

Of autopsy 16

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

23. Signature B. Schwelb (M. D. or other)

Address 125 ... Date signed

48-6-602

*Ed D James M.D.  
927 Chico Alley  
Joplin, Mo.*

**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 *R. G. Gordon*

Licensed Embalmer No. *1029*

P. O. Address *Miami Ok*

**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.**