

MISSOURI DIVISION OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **26803**

FILED AUG 17 1948  
 Registration District No. **956**

Primary Registration District No. **2001**

Registrar's No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 9  
 2  
 3  
 COPY HERE OF MOTION PICTURE

**1. PLACE OF DEATH:**  
 (a) County Jasper  
 (b) City or town Joplin  
 (c) Name of hospital or institution:  
728 Virginia Avenue  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 year  
 (Specify whether 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. 728 Virginia  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Catherine Malloy Shine  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month August day 11  
 year 1948 hour 7 minute 10 P.M.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased February 2, 1871  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1, 1948 to Aug-12, 1948  
 that I last saw her alive on Aug-12, 1948  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Congestive Heart Failure  
 Duration \_\_\_\_\_

**8. AGE:** Years 77 Months 28 Days 10  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Kings County Ireland  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations 9-36

Usual occupation Housewife  
 Industry or business \_\_\_\_\_

12. Name Timothy Bracker  
 13. Birthplace Kings County Kireland  
 (City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_  
 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 \_\_\_\_\_

Maiden name Mary Connelly  
 Birthplace Kings County Ireland  
 (City, town, or county) (State or foreign country)

(a) Informant Elizabeth Carr  
 (b) Address 728 Virginia  
 (c) Removal (b) Date thereof 8-16-1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation Mt. Calvary, Kansas City  
 (a) Signature of funeral director Thornhill-Dillon  
 (b) Address Joplin, Missouri

19. (a) 8-13-48 (b) Delores Simpson  
 (Date received local registrar) (Registrar's signature)

Signature E. C. Coats (M. D. or other)  
 Address Joplin, Mo Date signed Aug 13-48

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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.....

Jesse O. Sullivan Jr......, Registered Apprentice No. 99  
working under my personal supervision.

Signed Cecil A. Hornhill.....

Licensed Embalmer No. 3590.....

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.**

State of Missouri }  
County of Jasper } SS.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 18th day of August, 1948, before me appears.....

Elizabeth Malloy Sgr, who, upon her oath, states that the original record of <sup>birth</sup> ~~death~~  
for Catherine Malloy Sgr, died August 11, 1948, in the State of  
Missouri, and which was filed at Joplin, Missouri on Aug-12, 1948, should be corrected as follows:

X Item No. 7 should read February 2 - 1871

Instead of February 2 - 1875

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Elizabeth Malloy Sgr Relationship Daughter

728 Virginia Ave Joplin, Mo.  
Present Address.

Subscribed and sworn to before me this 18th day of August, 1948..

My Commission Expires **December 12, 1951**

My Commission expires.....  
Perera E. Hedrick Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

FEE  
CLOSING  
AUG 21 1948

1948

S-26803