DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7021

Registration District No. 411 MAR 11 1940

Primary Registration District No. 5569

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: 5 Miles West on 20th St. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---------- (Specify whether

In this community 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 5 Miles West on 20th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ---------- years.

3. (a) PRINT FULL NAME Mary Ellis McCune

3. (b) If veteran, name war ----------

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

4. Sex Fem

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 July 10 (Month) 1893 (Day) (Year)

8. AGE: Years 46 Months 7 Days 9 If less than one day ___ hr. ___ min.

9. Birthplace Fairview (City, town, or county) Kansas (State or foreign country)

10. Usual occupation School teacher

11. Industry or business Public Schools

FATHER
12. Name Edwin W. McCune
13. Birthplace La Hart (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Sara Belts
15. Birthplace Fairview (City, town, or county) Kansas (State or foreign country)

16. (a) Informant's own signature Edwin McCune

(b) Address W 20th St Joplin Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-21-40 (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW CEMETERY

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

(b) Address 212 Joplin St., Joplin, Mo.

19. (a) 2-21-40 (Date received local registrar) (b) Ed D Jamey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th year 1940 hour ___ minute 3:30 p.M.

21. I hereby certify that I attended the deceased from Feby 18, 1940 to Feby 19, 1940 that I last saw her alive on Feby 19, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	2/18-40
Due to Influenza	2/17-40
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H L Wilbur (M. D. or other)

Address Joplin Mo Date signed 2/20-40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39
Rev. 5-17-39
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RECEIVED
District Health Officer No. 6,
District File Number 340-758
Date Filed MAR 8 1940

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 Steve D Perkins

Licensed Embalmer No. 2548

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, above space should be left blank.