

No. 2  
4-13-40  
-17-39  
I X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10987**

**APR 15 1941**

Registration-District No. **411**

Primary Registration District No. **2002**

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: St. John's Hospital **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 50 years

3. (a) PRINT FULL NAME Ollie Rule Marlnee

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife James Marlnee 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April 14, 1879  
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Vincennes Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name E. B. Rule

13. Birthplace Missouri **0**  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Smith

15. Birthplace Vincennes Indiana **1**  
(City, town, or county) (State or foreign country)

16. (a) Informant: James-Marlnee

(b) Address 1301 Iowa, Joplin, Missouri

17. (a) Removal (b) Date thereof 3-22-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill, Galena, Ka **3791**

18. (a) Signature of funeral director: Lanpher Mortuary

(b) Address Joplin Missouri

19. (a) 3-21-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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. 1301 Iowa **5**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1941 hour 6:18 minute 0 M.

21. I hereby certify that I attended the deceased from MARCH 19th, 1941, to MARCH 20th, 1941; that I last saw her alive on 3/20/41, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Septicemia from Gangrene of Rt arm.

Due to: Thrombosis

Due to: Cerebral apoplexy

Other conditions: and myocarditis  
(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? 3791

While at work? \_\_\_\_\_ (Specify type of place)  
\_\_\_\_\_ (e) Means of injury

23. Signature A. D. Crawford (M. D. or other) **0**

Address 804 7th Ave. Bldg. Date signed 3/21/41

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

9  
2  
5

MOTHER FATHER

Joplin Mo

41-4 370

**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 *F. M. Jones*

Licensed Embalmer No. *2319*

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.**