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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14862

FILED MAY 10 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: 1130 Murphy Avenue (If not in hospital or institution, write street number or location)

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

In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No.: 1106 Connor Avenue (If rural, give location) 3

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

3. (a) PRINT FULL NAME: CORA VIOLA HEALY

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Lee Healy

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: May 1, 1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	11	20	hr. min.

9. Birthplace: Waco, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Perry Townsend.

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

MOTHER 14. Maiden name: Sarah Johnson.

15. Birthplace: (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Lee Healy,

(b) Address: 1106 Connor Ave., Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Fairview Cemetery

18. (a) Signature of funeral director: Thornhill-Dillon Mort.

(b) Address: Joplin, Missouri

19. (a) 4-21-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1941 hour 3:40 minute: P. M.

21. I hereby certify that I attended the deceased from Mar 20, 1941, to April 20, 1941, that I last saw her alive on Apr 19, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to: Hypertension	
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): no

(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: (M. D. or other)

Address: 616 Frisco Bldg Joplin Mo Date signed 4-21-41

(Licensed Embalmer's Statement on Reverse Side)

41-5-462

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.....David Dillon

Licensed Embalmer No.....3898

P. O. Address.....Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.