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3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. Johns Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 16 years

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. 1127 Sergeant. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Margarett E. Hundley.

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

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

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

6. (b) Name of husband or wife Edd Hundley. 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May 16th 1889 (Month) (Day) (Year)

8. AGE: Years 53 Months - Days 13 If less than one day hr. min.

9. Birthplace Sigourney Iowa (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business same

MOTHER FATHER

12. Name Joseph Dithman.

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

14. Maiden name Mary Murray

15. Birthplace Sigourney Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Deatherage

(b) Address 305 N. Gray, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1st 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Creek Memorial

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 6-1-42 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day May year 1942 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from 3/12 1942 to 5-29 1942 that I last saw her alive on 5/29 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coccarcoma of liver

Duration 2 wk

Due to _____

Due to _____

Other conditions H68 (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)

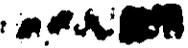
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address Joplin Mo Date signed 6/1/42

42-5-476



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.....

Perry K. Luchter

Licensed Embalmer No. *959*

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.