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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 12 [illegible]

Registration District No. [illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 34059

Registrar's No. 419

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: 809 Roosevelt Ave; / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 12 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 2

(c) City or town Joplin (If outside city or town limits, write "RURAL") 5

(d) Street No. 809 Roosevelt Ave; (If rural, give location)

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

If yes, name country No 0

3. (a) PRINT FULL NAME Thelma May Wingo

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 Clyde Wingo

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Feb. 17, 1906 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
36	7	13	hr. min.

9. Birthplace Joplin Mo; (City, town, or county) 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name J. W. Parker
13. Birthplace Lawrence Co; Mo; (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Fannie Johnson
15. Birthplace Barry Co; Mo; (City, town, or county) 0 (State or foreign country)

16. (a) Informant Clyde Wingo.

(b) Address Joplin Mo; 809 Roosevelt

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 3, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

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

(b) Address Joplin Mo;

19. (a) Oct. 5 1942 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

1204 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 1, day 1942; year hour 5-00 A.M. minute M.

21. I hereby certify that I attended the deceased from Sept 29, 1942, to Oct 1, 1942 that I last saw her alive on Oct 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis (Mitral Stenosis) Auricular fibrillations

Due to Influenza in 1940

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 91C

Of autopsy

Duration: 2 yrs. 4 days.

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 2

23. Signature H. L. Marbough (M. D. or other) D.O.

Address Joplin Mo. Date signed 10-1-42

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 Percy N Hulbert

Licensed Embalmer No. 859

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.