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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1943

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 2593

Registration District No. 256 | Primary Registration District No. 2001 | Registrar's No. 617

**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 Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 hrs. (Specify whether years, months or days)

In this community Newton County - Many years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Newton 73

(c) City or town Diamond 9 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Cora E Smith

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Female

5. Color or race White

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

6. (b) Name of husband or wife Widowed

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

7. Birth date of deceased Aug (Month) 25 (Day) 1895 (Year)

8. AGE: Years 47 | Months 4 | Days 22 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name John T. Mulling

13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Kilgore

15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dazella Rhea

(b) Address R#1 Oronogo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Diamond Cem

18. (a) Signature of funeral director Walt Crites Undertaker

(b) Address Walt Crites Diam

19. (a) 1-20-43 (Date received local registrar) (b) Gertrude Sudhoeter (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 17 year 1943 hour 6 minute 18 A. M.

21. I hereby certify that I attended the deceased from Jan 15, 1943, to Jan 16, 1943 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Cardiac failure

Due to Ruptured Appendix

Due to Rupturing of Gall bladder

Other conditions Cholecystitis (Include pregnancy within 3 months of death)

Major findings: Of operation Ruptured Appendix Cholecystitis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter Dunkelt (M. D. or other)

Address 314 Joplin Date signed 1/18/43

(Licensed Embalmer's Statement on Reverse Side)

128.4

48-1-62

**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 Myself

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.**