

ED MAR 29 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 151

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:  
2401 Bird /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 53 years  
years, months or days

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. 2401 Bird  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country No

3. (a) PRINT FULL NAME MARATHA DUNNILL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased August 31, 1853  
(Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Carlyle, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Ames Marchen

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

14. Maiden name Elizabeth Lill

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

16. (a) Informant Mrs. Claude Dalton

(b) Address 2401 Bird Avenue

17. (a) Burial (b) Date thereof 3-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Parker-Hungaker  
(b) Address 1502 Joplin  
19. (a) 3-11-43 (b) Gustave S. Schaefer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10  
year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 27 to Mar 10 1943  
that I last saw him alive on Mar 8 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia  
5 days

Due to \_\_\_\_\_  
Due to Old age

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
23. Signature Jack H. [unclear] (M. D. or other)  
Address Joplin, Mo. Date signed 3/11/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1204

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

Dr. Neiri

49  
519

43-2-244

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**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.**