

FD NOV 12 1943
Registration District No. 2001

Primary Registration District No. 2001

Registrar's No. 581

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:
320 E. Fifth Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 42 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 049
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 320 E. Fifth Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dorothy Jane McClintick
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 widowed
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 3, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>10</u>	<u>13</u>	_____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Jim W. Webb

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

14. Maiden name unknown

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

16. (a) Informant Harry McClintick

(b) Address 320 E. Fifth, Joplin, Mo.

17. (a) burial (b) Date thereof 10, 18th, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker-Hunsaker Mortuary
(b) Address Joplin, Missouri

19. (a) 10-18-43 (b) Gustav Seesholtz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1943 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-19-43 to 8-19-43
that I last saw her alive on 8-19-43
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hepatitis
Duration _____

Due to Similarity - been
living Mississippi
Due to of typically for 3
years

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

Major findings: 1218
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 J. D. James (M. D. or other) _____
Address Joplin, Mo. Date signed 10-18-43

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

MOTHER FATHER

125

43-10-912

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.