

No. 2
2-43
17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42513

State File No. _____

FILED JAN 14 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 706

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:
1010 West 2nd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community all life (Specify whether
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. 1010 West 2nd St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nellie E. Dennis

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, Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 5 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 3 21 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles M. Afferty
13. Birthplace Akron Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Leek
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant George Dennis
(b) Address 1010 W. 2nd St. Joplin, Mo

17. (a) Burial (b) Date thereof 12/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Thornhill - Dillon
(b) Address Joplin Mo.

19. (a) 12-28-43 (b) Arthur Dudenhofer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec - day 16
year 1943 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 23, 1942 to Dec 26, 1943
that I last saw him alive on Dec 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis Duration 2 weeks
Due to Pneumonia
Due to _____

Other conditions (Include pregnancy within 3 months of death) None
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)
(b) Means of injury _____
23. Signature P. P. Loney (M. D. _____)
Address Joplin Mo. Date signed 12/28/43

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

MOTHER FATHER

206 (Licensed Embalmer's Statement on Reverse Side)

43-10-1091

003

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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 Cecilia Moulton

Licensed Embalmer No. 3190

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.

Handwritten notes: 54-38-81