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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42616**
Registrar's No. **710**

Registration District No. **156** Primary Registration District No. **2001**

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

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(c) Name of hospital or institution:
1407 1/2 Main Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 months**
In this community **5 months**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(d) Street No. **1407 1/2 Main Street**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Marilyn Lou Dickens**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **July 13, 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 5 13 hr. min.

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

10. Usual occupation **none**

11. Industry or business _____

12. Name **Keith Dickens**

13. Birthplace **Stella Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Maudie Mann**

15. Birthplace **Galena Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Keith Dickens**
(b) Address **1407 1/2 Main, Joplin, Mo.**

17. (a) **burial** (b) Date thereof **12/27/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark Memorial**

18. (a) Signature of funeral director **PARKER-HUNSAKER**
(b) Address **1502 Joplin, Joplin, Missouri**

19. (a) **12-27-43** (b) **Quintus Sushanta**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **26**
year **1943** hour **1:00** minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw **did not see her alive** _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **acute pneumonia**

Due to **Influenza**

Due to _____

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

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) (d) Means of injury _____

23. Signature **Carthage Mo** (M. D. or other) _____
Address **Carthage Mo** Date signed **Dec. 26, 43**

43-12-1094

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 HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.