

S. No. 2  
M-5-43  
7-5-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32175**  
Registrar's No. **469**

**FILED OCT 13 1944**  
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**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **909 - Indiana**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Cora Katherine Tweedy**

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 **Married**

6. (b) Name of husband or wife **Aaron Tweedy**

6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **October 13th 1901**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>42</b>	<b>11</b>	<b>8</b>	hr. _____ min. _____

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

10. Usual occupation **House-keeper**

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

MOTHER, FATHER {

12. Name **Rufus Gerhart**

13. Birthplace **(No record)** (City, town, or county) (State or foreign country)

14. Maiden name **Jennie Hines**

15. Birthplace **(No record)** (City, town, or county) (State or foreign country)

16. (a) Informant **Aaron Tweedy**

(b) Address **909 Indiana, Joplin, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Sept 24 '44** (Month) (Day) (Year)

(c) Place: burial or cremation **Carl Junction Cemetery**

18. (a) Signature of funeral director **Powers Funeral Service**

(b) Address **102-6 N. Main Carl Jct. Mo.**

19. (a) **9-30-44** (Date received local registrar)

(b) **Arthur S. Sutherlin** (Registrar's signature)

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. **909 Indiana** (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **21st** year **1944** hour **11:45** minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from **Sept 43**, 19\_\_\_\_ to **Sept 44**, 19\_\_\_\_

that I last saw her alive on **9-21-** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary I.B.C. miliary type**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **13 ft**  
(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)

(e) Means of injury \_\_\_\_\_

23. Signature **A. L. Crawford** (M. D. or other)

Address **Joplin Mo** Date signed **9-25-44**

44-10806

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OCT 26 1944

**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 Joseph 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.**