

FILED JAN 21 1946
Registration District No. 256

Primary Registration District No. 2001

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:
St John's 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether
 In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper 49
 (c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 2528 Parkins Ave 5
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Marv Wallace
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 17
 year 1945 hour 8 minute 05 P.M.

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 1 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 7 1945 to _____, 19____;
 that I last saw h. or alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
84 9 16 _____ hr. _____ min.

Immediate cause of death cardiac failure
 Due to Decompensated
myocardial disease
 Due to mitral regurg
Pulmonary edema
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Little Rock Ark
(City, town, or county) (State or foreign country)
 10. Usual occupation housework

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 MOTHER FATHER {
 12. Name Vergin
 13. Birthplace dont know
(City, town, or county) (State or foreign country)
 14. Maiden name dont know
 15. Birthplace dont know
(City, town, or county) (State or foreign country)

16. (a) Informant Harry L. Vowliell
 (b) Address 2803 Parkins
 17. (a) burial (b) Date thereof Dec 19, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

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?
(Specify type of place)

18. (a) Signature of funeral director Thornhill-Dillon
 (b) Address Joplin, Missouri
 19. (a) 12-19-45 (b) Ed J. Jones
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Ed J. Jones (M. D. or other) _____
 Address Joplin MO Date signed _____

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

100350

Free copy for

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 Cecil A. Runkell

Licensed Embalmer No. 3590

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.