

State File No.

FILED FEB 19 1946

Registration District No. 136

Primary Registration District No. 3001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
(Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 316 So. Fulton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dora Belle Parker

3. (b) If veteran, name war 3. (c) Social Security No.

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 May 19, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 7 13 hr. min.

9. Birthplace Pike County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name James McIntire

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

14. Maiden name Lucinda Bradshaw

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

16. (a) Informant Porter Parker

(b) Address 1335 Iowa, Joplin, Mo

17. (a) Burial (b) Date thereof 1-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin Joplin, Mo

19. (a) 1-5-46 (b) [Signature]
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1946 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from Dec-30
1945, to Jan-1, 1946
that I last saw her alive on July-1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Lobar Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 108
Of autopsy

Duration
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) (c) Cause of injury 11

23. Signature [Signature] (M. D. or other) MD
Address Joplin Mo Date signed 1-3-46

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

5030

46-1-45

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.