No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1946

State File No. 6084

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

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: 317 Byers Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 317 Byers Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dora P. Cuthbertson
3. (b) If veteran, name war * * *
3. (c) Social Security No. * * *
4. Sex Fem /
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ed M. Cuthbertson
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased January (Month) 6 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
58	1	14	hr. min.

9. Birthplace Mountain Grove (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Home duties
11. Industry or business
FATHER 12. Name Frank Snelson
FATHER 13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah (not known)
MOTHER 15. Birthplace Missouri (City, town, or country) (State or foreign country)
16. (a) Informant Ed M. Cuthbertson
(b) Address 317 Byers Ave., Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.
19. (a) 2-21-46 (Date received local registrar) (b) A D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 20 year 1946 hour 3 minute P.M.
21. I hereby certify that I attended the deceased from 11/2 1945 to 2-20 1946 that I last saw h alive on 2-20-46 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	2 yrs
Due to	
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? (Specify kind of place)
While at work? (e) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address Joplin Mo Date signed 2/24/46

13 8 (Licensed Embalmer's Statement on Reverse Side)

46-2-122

NOV 23 1949

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 Perry K. Herbert

Licensed Embalmer No. 959

P. O. Address Joplin Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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