S. No. 2
M—2-43
. 5-17-39
I 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

State File No. 13607

FILED APR 17 1946

Registration District No. 136 Primary Registration District No. 3001 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:
629 N. Pearl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community All her Life
years, months or days)

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. 629 N. Pearl 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MOLLIE N. RUSK
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 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 27 (Day) 1865 (Year)

8. AGE: Years 80 Months 2 Days 20 If less than one day hr. min.

9. Birthplace North of Joplin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name F. Bristo
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Arnica Williams
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Miss Hazel @Rusk
(b) Address 629 N. Pearl
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Lope Cem.
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 3-20-46 (Date received local registrar) (b) Billie Horsa D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1946 hour 3 minute A M.
21. I hereby certify that I attended the deceased from 2-17-46
3-19- 1946 to 3-19 1946
that I last saw her alive on 3-18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
Due to Hypertension
Due to Arteriosclerosis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Ed D James (M. D. or other)
Address Joplin Mo Date signed 3-20-46

138 (Licensed Embalmer's Statement on Reverse Side)

46-3-297

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.