No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20736

State File No.

FILED JUN 20 1946

Registration District No.

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: Joplin General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 10 years

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. 922 Jackson Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Ella Downing
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 Joseph W.
6. (c) Age of husband or wife if deceased years
7. Birth date of deceased October (Month) 17 (Day) 1877 (Year)

8. AGE: Years 68 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Lebeck, Cedar Co, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business house work

MOTHER FATHER
12. Name James Belcher
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Susan Dunbar
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Carl H. Belcher
(b) Address Enid, Oklahoma
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery
18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Mo
19. (a) 6-4-46 (Date received local registrar) (b) Ed. D. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd year 1946 hour 12 minute 07 p. M.
21. I hereby certify that I attended the deceased from May 27, 1946 to June 2, 1946 that I last saw her alive on June 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to
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 L. L. Raymond M.D. (D.O. or other)
Address 601 Frisco Bldg, Joplin, Mo. Date signed 6/4/46

(Licensed Embalmer's Statement on Reverse Side)

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

-138

JUN 2 0 1941

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.....David Dillon.....

Licensed Embalmer No.....3898.....

P. O. Address.....Joplin, Mo.....

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.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July

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:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Ella Downing

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 Wid

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 17 (Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 6-4-46 (Date received local registrar) (b) Ed Dennis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1946 hour 12 minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

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 type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

20736