

FILED JUN 21 1946

Registration District No. 1510

Primary Registration District No. 2601

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 50 Years 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. 1612 Kentucky 5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Salona Mary Nix

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 January 23, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 18 hr. min.

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

10. Usual occupation _____

11. Industry or business Housewife

12. Name Milton Thomas
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Belle Ornder
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Pfug
(b) Address 1613 Kentucky Ave., Joplin, Mo

17. (a) Burial (b) Date thereof May 13, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Mem Park Cemetery

18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin, Missouri

19. (a) 5-14-46 (b) Ed J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th
year 1946 hour 5:50 minute A. M.

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

Immediate cause of death:
Chronic myocarditis 9 yrs.
Senile dementia 9 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 type of place)
While at work? _____ (e) Means of injury _____
23. Signature Ed J. Jones (M. D. or other) _____
Address Joplin, Mo Date signed 5-11-46

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

19683

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46-5-462

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..... *H. Lynn White*.....

Licensed Embalmer No. *4240*.....

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.