

No. 2
 DM-5-43
 v. 5-17-39
 I X36671

FILED JUN 21 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:
909 West 6th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community all her life (Specify whether years, months or days)

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. 909 West 6th
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Katherine StClair
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month May day 23rd year 1946 hour 10 minute 30 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Tom StClair
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 26, 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar. 30 to May 23 1946
 that I last saw her alive on May 23 1946
 and that death occurred on the date and hour stated above.

8. **AGE:** Years 64 Months 3 Days 27
 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic myocarditis
 Due to _____
 Due to _____

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

Other conditions _____
 * (Include pregnancy within 3 months of death)
 Duration _____

10. Usual occupation Housewife

11. Industry or business _____
 12. Name George Muennig
 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN Elizabeth Jacob
 15. Birthplace UNKNOWN Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Tom J. StClair
 (b) Address 909 West 6th, Joplin, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-46
(Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Hope, Webb City, Mo.

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? _____

18. (a) Signature of funeral director Parker-Hunsaker
 (b) Address 1502 Joplin, Joplin, Mo.
 19. (a) 5-29-46 (b) Ed Jones
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)
 (c) Means of injury _____
 23. Signature W. C. Coombs (M. D. or _____)
 Address Joplin, Mo. Date signed May 24/46

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

19
 2
 5

138

46-5-486

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 Josephine 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.