

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

FILED JUN 21 1946

State File No. \_\_\_\_\_

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

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

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: Nursing Home, 202 Maiden Lane  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 46 years  
(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. West County Lane  
(If rural, give location)

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

If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Eunice A. Walker

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: September 10, 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation: Housewife

11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name: Fred Phelps

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

{ 14. Maiden name: Mary James

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

16. (a) Informant: Mrs. Lorene Finn,

(b) Address: Joplin, Mo;

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof: 5-22-46  
(Month) (Day) (Year)

(c) Place: burial or cremation: Fairview Cemetery

18. (a) Signature of funeral director: Parker Hunsaker

(b) Address: 1502 Joplin, Joplin, Mo.

19. (a) 5-25-46 (Date received local registrar)

(b) Ed Sperry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 20 day  
year 1946 hour 8:10 minute P M.

21. I hereby certify that I attended the deceased from May 20 1946 to May 20 1946  
that I last saw her alive on May 20 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris Arterio Sclerosis

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury: \_\_\_\_\_

23. Signature: W. A. Moorland (M. D. or other) \_\_\_\_\_

Address: Joplin Mo 5/21/46 Date signed: \_\_\_\_\_

46-5-477

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**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.**