No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27485

FILED AUG 20 1946

Registration District No. 126 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: St. Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community 40 years 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. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Thelma O. Mistofsky
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Lewis Mistofsky
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 26 1883 (Month) (Day) (Year)
8. AGE: Years 62 Months 8 Days 11 If less than one day hr. min.
9. Birthplace Washburn Mo. (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name William Montgomery
13. Birthplace Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Fulp
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. C. C. Woodson
(b) Address Levelland Texas.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Mem. Cem.
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.
19. (a) 7-9-46 (Date received local registrar) (b) Ed Jamison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 7, day 1946 year hour 9-30 P. M. minute M.
21. I hereby certify that I attended the deceased from July 3, 19, to July 7, 19 46; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	3 hr
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 R. L. Crawford (M. D. or other)
Address Joplin Mo. Date signed 7-8-46

(Licensed Embalmer's Statement on Reverse Side)

46-7-150

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 Perry K Hurlbut

Licensed Embalmer No. 959

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.