

State File No. _____

FILED SEP 27 1946
 Registration District No. 136

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:
2029 Virginia Ave; /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community 25 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. 2029 Va. Ave; 5
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country No

3. (a) PRINT FULL NAME Margaret D. Mardick
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept 17, day 1946
 year _____ hour 2-40 A.M. minute _____ M.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced Widow 2
 6. (b) Name of husband or wife A.E. Mardick Sr.
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 24, 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 19 1946 to Sept 17 1946
 that I last saw her alive on Sept 16 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 4 Days 25
 If less than one day _____ hr. _____ min.

Immediate cause of death General arterio-sclerosis with myocardial degeneration.
 Duration _____

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

Due to Artery
 Due to _____

10. Usual occupation retired housewife
 11. Industry or business _____
 12. Name Daniel H. Dowell
 13. Birthplace Ky;
(City, town, or county) (State or foreign country)
 14. Maiden name Elenora V. Green.
 15. Birthplace Virginia;
(City, town, or county) (State or foreign country)

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

16. (a) Informant _____
 (b) Address 2029 Va. Ave; Joplin Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-46
(Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Hope Cem.
 18. (a) Signature of funeral director Hurlbut Und. Co;
 (b) Address Joplin Mo.
 19. (a) 9-19-46 (b) Ed J. Jarney
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy 97

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 Ralph E. Huff (M. D. or other) 6-10
 Address Joplin Mo Date signed 9/17/46

138 (Licensed Embalmer's Statement on Reverse Side)

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

295338

MOTHER FATHER

PHYSICIAN

 Underline the cause to which death should be charged statistically.

46-8-810

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.....

.....
working under my personal supervision.

Signed *Edmund Mungy* Registered Apprentice No.
Licensed Embalmer No. *3526*

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.