No. 2
M—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 307557

FILED SEP 18 1946

Registration District No. 5-6-NJ Primary Registration District No. 9-A-01-5579 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Rural Mineral
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 mi N. Main Street Road /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Rural 5 mi N. Main St Rd., 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mabel Mae Garner
3. (b) If veteran, name war * * *
3. (c) Social Security No. * * *
4. Sex Fem /
5. Color or race W
6. (a) Single, widowed, married, divorced married /
6. (b) Name of husband or wife A. H. Garner
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased November 30, 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	8	4	hr. min.

9. Birthplace Pierce City (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Home duties
11. Industry or business
FATHER 12. Name Issac K. Cummins
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0
MOTHER 14. Maiden name Jennie V. Carpenter
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant A. H. Garner
(b) Address N. Main Street Rd., Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.
19. (a) 8-7-46 (Date received local registrar) (b) Ed D. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4 year 1946 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from July 30, 1946 to Aug 4 1946 that I last saw her alive on Aug 4 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Coronary Occlusion	
Due to	6 days
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.

JHA

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 Jay E. Hughes M.D. (M., D., or other) 0
Address 708 Friscos Bldg. Date signed Aug 5-46

(Licensed Embalmer's Statement on Reverse Side)

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

X—137

46-8-743

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 Corling M. Dungy

Licensed Embalmer No. 3566

212 Joplin St

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.