S. No. 2
M—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33911

Registration District No. 156 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: St. John's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week- 4 days (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 Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No. 410 Moffet (If rural, give location) 5

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

If yes, name country

3. (a) PRINT FULL NAME Catherine Josephine O'Connor

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 single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 19 (Day) 1903 (Year)

8. AGE: Years 42 Months 11 Days 22 If less than one day hr. min.

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

10. Usual occupation Teacher

11. Industry or business

FATHER
12. Name Jerry O'Connor
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine F. Wade
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jerry O'Connor

(b) Address 410 Moffet

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Missouri.

19. (a) 10-14-46 (Date received local registrar) (b) Ed D Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11 year 1946 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from October 4, 1946, to October 11, 1946 that I last saw her alive on October 11, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis acute with dilatation and insufficiency	3 Days
Due to Lobular pneumonia (diffuse), type #VII	
Due to pneumococcus	4 Days
Other conditions (Include pregnancy within 3 months of death) Toxic delirium	3 days.

Major findings:
Of operations
Of autopsy

108

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? None (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 0

23. Signature W. W. Hurst (M. D. ~~or other~~)

Address 4 av Joplin National Bank Bldg Date signed 10/14/46

138

(Licensed Embalmer's Statement on Reverse Side)

46-10-895

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 David Dillon

Licensed Embalmer No. 3898

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.