No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 28 1947

Registration District No. 126

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 9651

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 10 days
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. 626 N. Byers 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Linda Lee Hunter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race white

6. (a) Single, widowed, married, divorced child 0

6. (b) Name of husband or wife

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

7. Birth date of deceased February 15, 1947
(Month) (Day) (Year)

8. AGE: Years | Months | Days 10 | If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation child

11. Industry or business

FATHER
12. Name Billy Lee Hunter 0
13. Birthplace Waco (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dorothy Helen McCoy 0
15. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. B. L. Hunter
(b) Address 626 N. Byers, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-47 (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) 2-28-47 (Date received local registrar) (b) Ed D Jamison (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 25
year 1947 hour 11 minute 00 P M.

21. I hereby certify that I attended the deceased from Feb. 15, 1947, to Feb. 25, 1947; that I last saw her alive on Feb. 25, 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death meningitis | 3 days |
| Due to spina bifida | 10 days |
| Due to | |
| Other conditions multiple congenital anomalies (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

157B

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 0

23. Signature [signature] (M. D. or other) M.D.

Address Frisco Bldg. Joplin Date signed 2/27/47

138

(Licensed Embalmer's Statement on Reverse Side)

47-3-195

**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.**