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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17808

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 8 days (Specify whether years, months or days)

In this community Entire life

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. 1709 Virginia
(If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME Cora Elizabeth Kittle

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. /

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife

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

7. Birth date of deceased September 12, 1876
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	6	29	hr. min.

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

10. Usual occupation retired

11. Industry or business

FATHER
12. Name Jack Gambrel
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Callison
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Fred McCarl
(b) Address 1709 Virginia, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 4-25-47 (Date received local registrar) (b) Dolores Lamphins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1947 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from October 10 1945 to April 10 1947; that I last saw her alive on April 10 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	1 month
Due to Chronic Myocarditis	2 years
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 0

23. Signature (M. D. or other)

D.R.

Address Joplin Mo Date signed 4-22-47

(Licensed Embalmer's Statement on Reverse Side)

47 - 4 - 370

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.