No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 29 1947

Registration District No. _____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28087

Primary Registration District No. 2001

Registrar's No. _____

49
2
5

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 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 weeks (Specify whether
In this community: 22 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. 605 Sergeant 5
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: MAMIE DUNSMORE
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: M /
6. (b) Name of husband or wife: Harry
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: July 21, 1896 (Month) (Day) (Year)

8. AGE: Years 51 | Months 0 | Days 11 | If less than one day: _____ hr. _____ min.

9. Birthplace: West Mineral Kansas /
(City, town, or county) (State or foreign country)
10. Usual occupation: own home
11. Industry or business: _____
FATHER
12. Name: Thomas McGinty
13. Birthplace: Ohio /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Welsh
15. Birthplace: Garnett, Kansas /
(City, town, or county) (State or foreign country)
16. (a) Informant: Harry Dunsmore
(b) Address: 605 Sergeant, Joplin, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Williamsbury, Kansas
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 8-3-47 (Date received local registrar) (b) Delores Lampkin (Registrar's signature) DR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1947 hour 10 minute 10 P M.
21. I hereby certify that I attended the deceased from Oct 1946 to 8-1 1947 that I last saw her alive on 8-1 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Cervix uteri
Due to: _____
Due to: _____
Other conditions (Include pregnancy within 3 months of death): _____
Major findings: Of operations: _____
Of autopsy: _____

Duration

PHYSICIAN
Underline the cause of 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) 0
While at work? _____ (e) Means of injury: _____
23. Signature: [illegible] (M. D. or other) MD
Address: Joplin Mo Date signed 8-2-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

47-8-688

DEC 1 1951

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.