S. 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 JAN 26 1948

Registration District No. 136

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2009

44315
State File No.
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: Joplin General
(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: 30 years

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.: Joplin, R#4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Cora Ellen Black
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.
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March 1, 1888 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	9	11	hr. min.

9. Birthplace: Douglas, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Own home
11. Industry or business:
MOTHER FATHER
12. Name: No record
13. Birthplace: No record (City, town, or county) (State or foreign country)
14. Maiden name: No record
15. Birthplace: No record (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Phyllis Nelson
(b) Address: Iron Gates, Joplin, R#4, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Carl Jc. Cemetery
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 12-23-47 (Date received local registrar) (b) Dolores Tompkins (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 12 year 1947 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec. 10, 1947, to Dec 12, 1947 that I last saw her alive on Dec 12, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart or Respiratory failure	
Due to: Cerebral hemorrhage	
Due to: High blood pressure	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0	
Of autopsy: 0	

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)
While at work? (e) Means of injury
23. Signature: O. E. Heinlen M.D.
Address: Joplin Date signed 12-14-47

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

47-12-1074

JAN 11 1956

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.