S. No. 2
I—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 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44331

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: Park Hotel 7th Shifferdecker. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days) All her 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.: 7th and Schifferdecker (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Helen Core.

3. (b) If veteran, name war: xx

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Carl

6. (c) Age of husband or wife if alive: 33 years

7. Birth date of deceased: October (Month) 12 (Day) 1912 (Year)

8. AGE: Years 35 | Months 1 | Days 9 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: Housewife

11. Industry or business: xxxx

FATHER
12. Name: Tom Phelps
13. Birthplace: Murphysburg (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Lucy Ortnor
15. Birthplace: Springfeild (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Carl Core
(b) Address: 7th and Shifferdecker.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/24/47. (Month) (Day) (Year)
(c) Place: burial or cremation: Ozark Mem Park.

18. (a) Signature of funeral director: Thornhill-Dillon
(b) Address: Joplin Missouri.

19. (a) 11-21-47 (Date received local registrar) (b) Dolores Lampkin (Registrar's signature) 120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 21 day XXX year 1947 hour 2.00 A M minute ..... M.

21. I hereby certify that I attended the deceased from 3-17-46 ....., 19....., to ....., 19.....; that I last saw her alive on Nov 17, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Artery Disease	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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: Guy I. Mendelsohn (M. D. or other)

Address: 401 Frisco Bldg Date signed: 11-21-47

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

47-12-1018

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 Erling M. Dungy

Licensed Embalmer No. 3566

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.