S. No. 2
I—1947
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

44339

State File No.

Registration District No. 136 Primary Registration District No. 2001 Registrar's No.

49
0
0

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

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: Rt #3 Box 379
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 59 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rt #3 Box 379 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ralph Dust
3. (b) If veteran, name war
3. (c) Social Security No. 492-20-6920
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Oct 5, 1886
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	2	0	hr. min.

9. Birthplace Randolph County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Dave Dust
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Carter
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Mary Dust
(b) Address Rt #3 Box 379, Joplin, Mo
17. (a) Burial (b) Date thereof 12-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cemetery
18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin, Missouri
19. (a) 12-6-47 (b) Dolores Lamphins D.R.
(Date received local registrar) (Registrar's signature) 13X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 6, day ~~12-2-47~~
year 1947 hour 5 AM minute M.
21. I hereby certify that I attended the deceased from 12-2-47
, 19, to , 19;
that I last saw him alive on 12-6-47, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal obstruction cause undetermined	4 days
Due to	
Due to	
Other conditions Auricular fibrillation (Include pregnancy within 3 months of death)	3 wks
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) 0
While at work? (e) Means of injury
23. Signature Eugene H. Hamilton (M. D. or other) M.D.
Address Josie Bldg, Joplin, Mo Date signed 12-6-47

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

47-12-1062

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.