S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1501

FILED FEB 4 1948

Registration District No. 56 — Primary Registration District No. 2001 — Registrar's No.

49
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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: 2111 Sergeant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 7 years
years, months or days)

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.: 2111 Sergeant
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Doletta Buck
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
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: October (Month) 14 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	3	0	hr. ..... min.

9. Birthplace: Quincy (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: retired
11. Industry or business:
MOTHER
12. Name: dont know
13. Birthplace (City, town, or county) (State or foreign country): dont know
FATHER
14. Maiden name: dont know
15. Birthplace (City, town, or county) (State or foreign country): dont know
16. (a) Informant: Mrs Alice Plunkett
(b) Address: 2111 Sergeant Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 15 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Osborn Memorial
18. (a) Signature of funeral director: Theruthill Wilson
(b) Address: Joplin Missouri
19. (a) 1-13-48 (Date received local registrar) (b) Dolores Simpkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 1948 hour 11 minute 10 M.
21. I hereby certify that I attended the deceased from Dec 23, 1947, 19..... to Jan 11 1948, 19..... that I last saw her alive on Jan 10 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis.
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: h.T.
Of autopsy: 0

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)
While at work? (e) Means of injury:
Signature: H. B. Herrod M.D. (M.D. or other)
Address: Joplin Mo Date signed 1-13-48

Jefferson City Printing Co. 150 (Licensed Embalmer's Statement on Reverse Side)

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

Dr. H. B. Herrod

48-1-61

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.