S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 4 1948

Registration District No. 136

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1516

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: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ten days (Specify whether years, months or days)
In this community: 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: 999
(c) City or town: Yates Center
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Dora A. Johndall
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: Wid
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 23 (Day) 1881 (Year)

8. AGE: Years 66 Months 9 Days 14 If less than one day hr. min.

9. Birthplace: Eureka, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Arney Nelson
13. Birthplace: Norway (City, town, or county) (State or foreign country)
14. Maiden name: Marcella Hauge
15. Birthplace: Norway (City, town, or county) (State or foreign country)
16. (a) Informant: Arnold Hanson
(b) Address: Yates Center, Kans
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Eureka, Kans
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Mo
19. (a) 1-8-48 (Date received local registrar) (b) Helen Langston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from August 30 1946 to Jan 7 1948 that I last saw her alive on Jan 7 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
myocardial failure.	
Due to peritonitis following surgery and myocarditis.	
Due to surgery Jan 2 1948.	
Other conditions (Include pregnancy within 3 months of death) Gall bladder with sinus tract removed.	

Major findings:
Of operations: as above.
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): no
(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)
What at work? Means of injury:
23. Signature: (M. D. or other)
Address: Date signed 1-8-48

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

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

48-1-54

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.

S. No. 2B
5M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2 ef

Registration District No. 136 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:
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Dora A. Johndall

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 23 1888
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Kansas (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to 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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

S -1516