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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED DEC 20 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

**40519**

State File No. \_\_\_\_\_

Registration District No. 156

Primary Registration District No. 200

Registrar's No. \_\_\_\_\_

WRITE PLAINLY—USE 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:  
425 North Oak Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 60 Years  
years, months or days

**3. (a) PRINT FULL NAME** MARY ALICE NELSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased DECEMBER 19 1880  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>67</u>	<u>11</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name William Irish

13. Birthplace No Record  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mattly

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

16. (a) Informant Orville Purkett  
(b) Address 919 1/2 Wall St, Joplin, Mo

17. (a) Burial (b) Date thereof 12-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview, Joplin, Mo

18. (a) Signature of funeral director Parker-Hunsaker  
(b) Address 1502 Joplin, Joplin, Mo

19. (a) 12-10-48 (b) Eda James  
(Date received local registrar) (Signature)

**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. 425 North Oak  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month December day 5  
year 1948 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Nov 2, 1948  
to Dec 5, 1948  
that I last saw her alive on Dec 1, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart and respiratory failure

Duration \_\_\_\_\_

Due to Chronic nephritis; cystitis

Due to Multiple sclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W.E. Hunter  
Address 521 W 4th Joplin, Mo Date signed 12/7/48

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**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.**