

No. 2  
-1/47  
5-17-39

**FILED AUG 19 1947**

Registration District No. **2001** Primary Registration District No. **2001**

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 **St. Johns Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20 Yrs from Webb City, Mo.**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Julia Mabee PURCELL**

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. **Widowed**

6. (b) Name of husband or wife **Oscar Mabee**

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

7. Birth date of deceased **December 12th, 1873**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>7</b>	<b>2</b>	..... hr. .... min.

9: Birthplace **Lowry City Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Ezra White**

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

14. Maiden name **Cynthia Eblen**

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

16. (a) Informant **Mrs Jim Jackson**

(b) Address **112 Sergeant Ave.**

17. (a) **Burial** (b) Date thereof **7-15-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carterville Cemetery**

18. (a) Signature of funeral director **Thornhill-Dillon Mort.**

(b) Address **305 West 4th St. Joplin, Mo.**

19. (a) **7-14-47** (b) **Salores Sampson, DR**  
(Date received local registrar) (Registrar's 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. **112 Sergeant Ave.**  
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14th**  
year **1947** hour **3:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **4-7**, 19**47**, to **7-10**, 19**47**  
that I last saw her alive on **7-10**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the uterus**

Duration **4/7/47**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... **48 B**

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.....

Signature **J. J. Jackson, Jr.** (M. D. or other)

Date signed **7/14/47**

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

MOTHER FATHER

Dr. Kohn

47-8-649

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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

*Erling M. Doney*

Licensed Embalmer No. *3566*

P. O. Address *76 1/2 Elmwood*

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.