No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1946

State File No. 6099

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town 1105 Moffett St. Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 22 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1105 Moffett St. 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Ida Foraker.

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 Married

6. (b) Name of husband or wife Husband Alonzo Foraker.

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Aug. (Month) 30. (Day) 1863 (Year)

8. AGE: Years 82 Months 5 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Sim Pennington

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

14. Maiden name Jane Foraker

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

16. (a) Informant Mr. Alonzo Foraker.

(b) Address 1105 Moffett St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-46 (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem.

18. (a) Signature of funeral director Thompson Funeral Home

(b) Address Neosho, Mo.

19. (a) 2-21-46 (Date received local registrar) (b) Ed Skinner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 1946 to Feb 7 1946 that I last saw h. alive on Feb 7 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Duration

Due to Cardiac disease

Due to with decompensation

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 0

Of autopsy No

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 C. L. Crawford (M. D.)

Address Joplin Mo. Date signed 2-14-46

138 (Licensed Embalmer's Statement on Reverse Side)

46-2-145

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~~ George R Trammell Registered Apprentice No. 391 working under my personal supervision.

Signed. [illegible]

Licensed Embalmer No. 3566 Mo

P. O. Address 1020 E 32nd 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.