S. No. 2
M—2-43
r. 5-17-39
I X35697

16391

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Chea 17511

State File No.

Registration District No. 247 Primary Registration District No. 5839 Registrar's No. 49

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Granby Rural 2
(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
In this community 46 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:*

(a) State Missouri (b) County Newton 3

(c) City or town Granby #2 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Margaret Joines

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 James F Joines

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased July (Month) 15 (Day) 1879 (Year)

8. AGE: Years 76 Months 9 Days 24 If less than one day hr. min.

9. Birthplace Taney County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Alexander Meadows.
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Alley Melton
15. Birthplace (City, town, or county) Ark. 1 (State or foreign country)

16. (a) Informant James F. Joines
(b) Address Granby #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 11 (Day) 46 (Year)
(c) Place: burial or cremation 1.0.0.F.

18. (a) Signature of funeral director Thompson Funeral Home
(b) Address Neosho, Mo.

19. (a) 7-5-23-46 (Date received local registrar) (b) M. K. Young (Registrar's signature)

225 By E.N.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1946 hour 9:30 A.M. minute M.

21. I hereby certify that I attended the deceased from May 3, 1946, to May 9, 1946
that I last saw her alive on May 9, 1946.
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	6 days.
Due to Chronic cardio renal hypertensive disease.	over 1 yr.
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 Charles O. Chester (M. D. or other) D.O.

Address Granby Mo. Date signed 5-13-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. _____
District File Number 6-46-84
Date Filed 6-10-76

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 Cooley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.