

**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: 812 EAST 7th  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 50 YEARS (Specify whether years, months or days)  
 In this community 50 YEARS (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** ADDIE PINSON  
 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 WIDOWED  
 6. (b) Name of husband or wife. .... 6. (c) Age of husband or wife if alive: 20th years (Month) (Day) (Year)  
 7. Birth date of deceased: NOV 20th 1863 (Month) (Day) (Year)

**8. AGE:** Years 83 Months 4 Days 29 If less than one day hr. min.

9. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business. ....

MOTHER FATHER

12. Name WM. CAMPBELL  
 13. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)  
 14. Maiden name ELIZABETH  
 15. Birthplace ST. LOUIS, MO (City, town, or county) (State or foreign country)  
Mrs. Bertha Collier

16. (a) Informant Mrs. Bertha Collier  
 (b) Address 812 E. 7th Joplin Mo.

17. (a) BURIAL (b) Date thereof 4-22-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. FOREST PARK

18. (a) Signature of funeral director. PARKER HUNSAKER

(b) Address JOPLIN MO:

19. (a) 4-23-47 (b) James Sampkins, D.P. (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MO (b) County JASPER  
 (c) City or town JOPLIN, MO:  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 812 EAST 7th (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country. ....

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month April day 17th year 1947 hour. minute. M.  
 21. I hereby certify that I attended the deceased from Sept 1946 that I last saw her alive on March 11, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerosis & Myocardial Infarction  
 Duration 10 years

Due to. ....  
 Due to. ....

Other conditions: Secondary Pneumonia  
 (Include pregnancy within 3 months of death)

Major findings: 97  
 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?

While at work? (Specify type of place) (c) Means of injury

23. Signature James Sampkins (M: D. or other) MD  
 Address Joplin Mo Date signed 4-19-47

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

47-4-378

**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*

License of 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.**