S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21367

FILED JUL 10 1947

Registration District No. 756 Primary Registration District No. 200 Registrar's No.

49
2
5

WRITE PLAINLY—USING 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: St. John Hospital (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 316 E. 9th (If rural, give location) 5
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Nola Duncan
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 12 (Day) 1876 (Year)

8. AGE: Years 70 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Denver, Illinois (City, town, or county) (State or foreign country) 1
10. Usual occupation own home
11. Industry or business
FATHER
12. Name [redacted]
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Frank Duncan 1
(b) Address 316 E. 9th, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 6-12-47 (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature) 1/30

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1947 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage (L. artery)	1 day
Due to: Arteriosclerosis	2 yrs.
Due to	
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations	
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) 1
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature Guy I Meredith MD (M. D. or other) MD
Address 401 Pruss Bldg Joplin Date signed 6-10-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-6-553

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.