S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21378

FILED JUL 10 1947

Registration District No. 726 — Primary Registration District No. 2001 — Registrar's No.

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: 1605 Jackson (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community) 8 years (years, months or days)

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.: 1605 Jackson (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) no
If yes, name country .....

3. (a) PRINT FULL NAME: Maude Justus
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: M
6. (b) Name of husband or wife: Alfred
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: December 25, 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	5	4	..... hr. ..... min.

9. Birthplace: Pattensburg, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: housekeeper
11. Industry or business .....

FATHER
12. Name: no record
13. Birthplace: " " (City, town, or county) " " (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace: " " (City, town, or county) " (State or foreign country)

16. (a) Informant: Alfred Justus
(b) Address: 1605 Jackson, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Osborne Memorial
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: 1502 Joplin, Joplin, Mo.
19. (a) 6-5-47 (Date received local registrar) (b) Dolores Lamplugh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1947 hour 11:00 minute A M.
21. I hereby certify that I attended the deceased from Feb 47, 19..., to May 47, 19..., that I last saw her alive on May 28, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy — Duration 3 M.
Cardio renal disease
with hypertension
Due to .....
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)
(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: A. L. Campbell (M. D. or other)
Address: Joplin Mo. Date signed 6-1-47

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

47-6-532

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.