S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 10 1947

Registration District No. 156

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21399

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: Joplin General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 12 days (Specify whether years, months or days)

In this community: 45 years

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.: 1710 Indiana
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Dora Webber

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: widowed

6. (b) Name of husband or wife:

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

7. Birth date of deceased: July (Month) 1st (Day) 1861 (Year)

8. AGE: Years 85 | Months 11 | Days 1 | If less than one day: hr. min.

9. Birthplace: Evansville (City, town, or county) Indiana (State or foreign country)

10. Usual occupation:

11. Industry or business: housework

FATHER
12. Name: Rickens
13. Birthplace: dont know (City, town, or county) (State or foreign country)

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

16. (a) Informant: Raymond Webber
(b) Address: 2129 Harlem

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 4-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Park Cemetery

18. (a) Signature of funeral director: Thornhill-Dillon Mortuary
(b) Address: Joplin, Missouri

19. (a) 6-3-47 (Date received local registrar) (b) Allen Lampkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1947 hour 10 minute 10 a M

21. I hereby certify that I attended the deceased from May 20, 1947, to June 2, 1947, that I last saw her alive on June 2, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cebral Hemmorrhage	
Contributing: Chronic Endocarditis	
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: Otis L. Dickey D.O (M.D. or other)

Address: Frisco Bldg Joplin Mo Date signed: June 3 1947

Dr Dickey

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-6-538

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 Erling M. Dungy

Licensed Embalmer No. 3566

P. O. Address Joplin Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with [illegible]ve constitutes grounds for revocation of license.)

[illegible]his body is not embalmed, fact should be so stated above.