

FILED AUG 19 1947
Registration District No. **2001**

Primary Registration District No. **2001**

Registrar's No. **8**

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 **Derfelt Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 Days**
(Specify whether)

In this community **Lifetime**
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. **2705 Quincy St.**
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME **Vida Evelyn GREENWOOD**

3. (b) If veteran, name war **No**

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2nd.**
year **1947** hour **6:30** minute **A.** M.

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Burton Greenwood**

6. (c) Age of husband or wife if alive **28** years

7. Birth date of deceased **February 26, 1917**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **6-20**, 19**47**, to **7-2**, 19**47**, that I last saw her **er** alive on **7-1**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Collapse**

Due to **Undulant Fever** **14 days**

8. AGE:

Years	Months	Days	If less than one day
30	4	6	hr. min.

Due to

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Carthage, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Oscar Cupp**

13. Birthplace **Carthage, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Lewis**

15. Birthplace **Okla.**
(City, town, or county) (State or foreign country)

Major findings: Of operations **5**

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant **Rev. Burton Greenwood**

(b) Address **2705 Quincy Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **7 6 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Diamond Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **Carthage, Mo.**

19. (a) **7-5-47** (b) **Delores Sampkins**
(Date received local registrar) (Registrar's signature)

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? (Specify type of place)

23. Signature **E. D. Smith** or other **Ed. C. Ulmer**

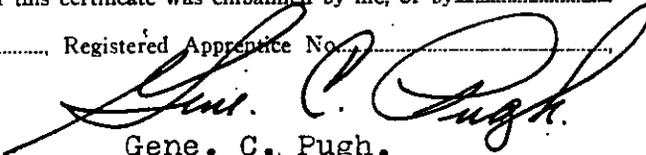
Address **Joplin** Date signed **7-8-47**

42-8-631

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 _____


Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.