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

FILED AUG 29 1947

Registration District No. 726

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

28101
State File No.
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: St. John
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: 6 weeks (Specify whether years, months or days)
In this community: 36 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.: 713 Moffet
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ALPHA JANE HUNTER
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: W.
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August 19, 1882 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	11	18	hr. min.

9. Birthplace: Neosho, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: own home
11. Industry or business:
FATHER 12. Name: Wiley Foster Hurley
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Martha Ann Boxley
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Margaret Jesse
(b) Address: 2818 E. 11th, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Ozark Memorial
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 8-12-47 (Date received local registrar) Dolores Lamplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 6 year: 1947 hour: 3 minute: 30 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: General carcinomatosis	1 mo
Due to: Ca of left breast	6 mos
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: no
Of autopsy: no

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: 0
23. Signature: [signature] (M. D. or other)
Address: Date signed 8-9-47

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

47-8-696

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. 2519

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.