

No. 2
1-1/47
1-17-39

28122

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

National Office of Vital Statistics
FILED AUG 19 1947

Registration District No. _____ Primary Registration District No. 2001

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: Nursing Home, 1809 Grand 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
In this community 5 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 3320 Oak Ridge Drive 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Willie Clara Pickel
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 16
year 1947 hour 3 minute 30 P.M.

4. Sex F. / 5. Color or race W.
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 16, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 5-16
1947, to July 16, 1947
that I last saw her alive on July 16, 1947
and that death occurred on the date and hour stated above.
Duration _____

8. AGE: Years 66 Months 9 Days 0
If less than one day hr. _____ min. _____

Immediate cause of death: Hypertension
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

9. Birthplace Rogersville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
11. Industry or business _____
12. Name William Dennis
13. Birthplace unknown
14. Maiden name Ann Taylor
15. Birthplace unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant Dewey W. Pickel
(b) Address 3320 Oak Ridge, Joplin, Mo.
17. (a) Burial (b) Date thereof 7-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rogersville, Mo.
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri
19. (a) 7-18-47 (b) Selma Hopkins OR
(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? _____
While at work? _____ (Specify type of place)
Means of injury _____
Signature _____ (M. D. or other)
Address _____ Date signed _____

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

MOTHER FATHER

47.8-652

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.

Registration District No. 156

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:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Willie C. Pichel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex F 5. Color or race W 6. (a) ~~Single, widowed, divorced~~

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Oct 16
(Month) (Day) (Year)

8. AGE: Years 66 Months _____ Days _____ If less than one day
hr. _____ min. _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country) No

10. Usual occupation housewife

11. Industry or business unknown

MOTHER FATHER

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY 6

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE-A-PERMANENT RECORD

